

SURGICAL CRITICAL CARE FELLOWSHIP APPLICATION



I am applying for the following fellowship year (*select one*):

- 2010–2011 2011–2012 2012–2013

Please submit copies of the following documents with this application:

- Recent photo
- Current CV
- USMLE scores (Steps 1, 2, and 3)
- ECFMG certificate (if applicable)
- Undergraduate and medical school transcripts
- Medical school diploma
- Three letters of recommendation (one of which must be from your chairman)

Selected applicants will be invited for a personal interview.

Name _____

Date of Birth _____

Place of Birth _____

Citizenship: U.S.
 Other (*please specify*)

Visa Status (*please specify*)

Mailing Address _____

Home Address _____

Work Phone _____

Home Phone _____

Cell Phone _____

Pager _____

Fax Number _____

E-mail Address _____

Current Position _____

For additional information, contact:

Charles H. Cook, M.D.
Program Director
Surgical Critical Care
395 West 12th Avenue, Room 668
Columbus, OH 43210-1267
Phone: (614) 293-8703
Fax: (614) 293-4063

or

Anna Patterson
Program Coordinator
Surgical Critical Care
395 West 12th Avenue, Room 668
Columbus, OH 43210-1267
Phone: (614) 293-8703
Fax: (614) 293-4063
E-mail: anna.patterson@osumc.edu