

UCSF FRESNO APPLICATION FOR ACUTE CARE SURGERY FELLOWSHIP

Position Beginning in _____

(Year)

Type or Print (black ink is preferred)

1. Name (Last)	(First)	(Middle)

2. Address (Street)	(City)	(State) (Zip Code)

3. Phone Number		
Day ()	Evening ()	Cell ()

4. Email Address:		

5. Preferred contact <input type="checkbox"/> email <input type="checkbox"/> cell phone <input type="checkbox"/> other _____		

6. Date of Birth: _____	7. Citizenship <input type="checkbox"/> USA	<input type="checkbox"/> Other _____
8. Visa Status (if applicable)		
<input type="checkbox"/> Permanent	<input type="checkbox"/> J-1	
<input type="checkbox"/> Temporary		

9. MEDICAL EDUCATION

YEAR	RESIDENCY PROGRAM	SPECIALTY	DATES
PGY-1			
PGY-2			
PGY-3			
PGY-4			
PGY-5			
PGY-6			

10. California License	<input type="checkbox"/> Yes	Number
	<input type="checkbox"/> No	
License - Other States		
_____		_____
_____		_____
_____		_____
State		License number

Attach Recent
Photo

11. <u>I have taken and passed the following exams:</u> <input type="checkbox"/> USMLE Part I (Score) _____ <input type="checkbox"/> USMLE Part II (Score) _____ <input type="checkbox"/> USMLE Part III (Score) _____	American Board of Surgery <input type="checkbox"/> Qualifying Exam <input type="checkbox"/> Certifying Exam <input type="checkbox"/> Eligible to take Exam
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12. MEDICAL SCHOOL(S)	CITY	STATE	YEARS	DEGREE	GRAD DATE
13. GRADUATE EDUCATION	CITY	STATE	YEARS	DEGREE	GRAD DATE
14. COLLEGE (S)	CITY	STATE	YEARS	DEGREE	GRAD DATE

15. RESEARCH EXPERIENCE/PUBLICATIONS

16. References

A. (Name) (Title) Program Director (Institution)

(Address)

B. (Name) (Title) (Institution)

(Address)

C. (Name) (Title) (Institution)

(Address)

CHECK ONE

- I hereby waive access to the above letters and will so inform the authors.
- I desire access to the above letters and will so inform the authors.

Signature

Date

Note: The Signature and Date on this statement Must be Original

Send application to: **James W. Davis, M.D.**
Program Director, Acute Care Surgery Fellowship
Community Regional Medical Center,
Dept. of Surgery, 1st Floor
2823 Fresno St., Fresno, CA 93721