

UAB Orthopaedic Research Fellowship

Instructions: Please insert a typed response to each question. You may submit the application electronically by e-mail to Brent A. Ponce MD bponce@uabmc.edu. An application checklist may be found at the end of this application.

Applicant:

First Name: _____

Middle Name: _____

Last Name: _____

Sex: Male Female

Date of Birth (MM/DD/YYYY): _____

Degree(s): _____

School:

Name of Medical School: _____

Address: _____

Phone: _____

Fax: _____

E-mail Address: _____

Permanent:

Address: _____

Phone: _____

Fax: _____

E-mail Address: _____

U.S Citizen or Permanent Resident: Yes No

Education:

Undergraduate:

Undergraduate Institution: _____

City/State: _____

Dates Attended (From-To): _____

Degree: _____

Major: _____

Additional Post-graduate Work (e.g. M.P.H., M.S., M.B.A., etc.)

Graduate Institution: _____

City/State: _____

Dates Attended (From-To): _____

Level Completed: _____

Field of Study: _____

Medical School:

Medical School: _____

Current Year of Medical School: _____

Medical School GPA (or class rank): _____

USMLE Step 1

Date: _____ Score: _____

USMLE Step 2

Date: _____ Score: _____

Research Experience:

Have you had past experience in clinical research: Yes No

If you answered “yes” to the question above, please describe your work in an attached document:

Extracurricular Activities: _____

Career Plan/Personal Essay:

Please describe how you view this research fellowship opportunity in light of your career plans.

Additional Requirements:

- Medical School Transcripts
 - Att: Vicki Allen; Orthopaedic Surgery Residency Coordinator (**Please have transcript emailed to Mrs. Allen at vgallen@uabmc.edu if the application is submitted electronically**)

- One (1) letter of recommendation (**Please have recommendations sent directly to Brent A. Ponce, MD at bponce@uabmc.edu if the application is submitted electronically**).
- A typed student essay explaining why you are interested in doing orthopaedic clinical research for a year in the Division of Orthopaedic Surgery at the University of Alabama at Birmingham
- Your typed CV on a separate sheet

I certify that I have provided accurate information in this application, that the writing samples and other materials submitted as my own are indeed my original work, and I authorize the verification of my credentials for admission. Accordingly, I understand and agree that any misrepresentation or omission of facts in my application will justify the denial or the rescission of admission.

Applicant Signature: _____
(Please type your full name if submitting electronically)

Date: _____

Application Checklist:

Have you:

- completed all sections of the application clearly and accurately?
- included one (1) letter of recommendation?
- included as separate sheets your typed student essay explaining why you are interested in doing clinical research for a year in Orthopaedic Surgery at UAB?
- included your typed CV on a separate sheet?

Please return your application to Brent A. Ponce, M.D. at bponce@uabmc.edu and include your:

- Completed application
 - Research explanation if applicable
- Recommendations
- Essay
- CV