NYUHJD
NYU-Hospital for Joint Diseases
Department of Orthopaedic Surgery

APPLICATION FOR ADVANCED CLINICAL TRAINING

In
ORTHOPAEDIC SURGERY
commencing August 1, 20__

_____PROGRAM
(fill in program)

Name:_____
(Last Name) (First) (M.I.)

Date of Birth:_____**Place of Birth**_____

Current Citizenship:_____**Social Security #:**_____

Current Address:_____**Telephone:( )**_____

_____

Home Adress:_____**Telephone( )**_____

_____

Email Address:_____

EDUCATIONAL BACKGROUND

Dates Attended **Degree**

Undergraduate:_____

_____

_____

Graduate (non-medical)

_____

_____

Medical School_____

_____

_____

POST-GRADUATE(including specialization):

Internship:_____

_____

_____

Residency:_____

_____

_____

Fellowship:_____

_____

_____

MILITARY SERVICE **Yes**_____ **No**_____

if yes, please describe_____

_____

_____

ACTIVE CHRONOLOGY

Please account for any time period longer than three months (other than vacations) since College and the present time that was not included in the preceding chronology. This should include employment positions, research positions, travel, etc.

Dates **Activity**

_____

_____

_____

_____

_____

HONORS **(Include Dean's List, special awards or scholarships in medical school. List courses for which an "Honors" grade was received)**

Undergraduate:_____

_____

Graduate (Non Medical)_____

_____

_____

Medical School:_____

_____

_____

Residency:_____

_____

_____

OITE EXAMS **(enclose copies)**

Year-in-raining **Date Taken** **%Correct** **%tile Score**

_____

_____

_____

_____

NATIONAL BOARD/ECFMG SCORES **(official report should also be sent)**

NBME:

Part I Date_____Score_____

Part II Date_____Score_____

Part III Date_____Score_____

FLEX: **SCORE_____**

SCORE_____

ECFMG: **(enclose certificate)**

FMGEMS Part I/USMLE Step I Date_____Score_____

FMGEMS Part II/USMLE Step II Date_____Score_____

MEDICAL LICENSES **(List States)**

State **License** **Date Obtained**

_____

_____

_____

If you are a graduate of a foreign medical school are you eligible for a New York State licensure?

RESERCH ACTIVITIES **(describe nature or research, dates of participation and specific responsibilities)**

Dates **Description**

_____

_____

_____

_____

PUBLICATIONS **(use standard reference style):**

1. _____

_____

2._____

PUBLICATIONS **(use standard reference style):**

3. _____

_____

4._____

_____

PRESENTATIONS:

1. _____

2. _____

3. _____

EXTRACURRICULAR ACTIVITIES **(include nonmedical and nonacademic achievements, athletic activities, hobbies, etc)**

_____

_____

_____

_____

PERSONAL HEALTH

1. Medical History_____

_____

_____

2. Surgical History_____

_____

_____

3. Psychiatric History_____

_____

_____

4. General Description of personal health_____

_____

_____

_____

I fully acknowledge that the information contained in this application is true.

Signature_____**Date**_____

DEPARTMENTAL:

Date:_____

Reviewer:_____