

Orthopaedic Research Fellowship

Instructions: Please insert a typed response to each question.

Adapted with permission Dr Brent Ponce

Applicant

First Name:

Middle Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Degree(s):

Permanent

Phone:

Fax:

E-mail Address:

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 Name:

Address:

Fax:

E-mail Address:

Current Year of Medical School:

Medical School GPA (or class rank):

USMLE Step 1

Date: Score:

USMLE Step 2

Date Score:

Do you have your own transportation: Yes No

Would you be willing to assist with basic science research? Yes No

Have you completed CITI Training? Yes No

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. Explain why you are interested in doing orthopaedic clinical research in the Division of Orthopaedic Surgery at LSU New Orleans.
(limit to <1-page, size 12 font, 1.5 line spacing)

Additional Requirements:

- Medical School Transcript
- One (1) letter of recommendation
- Letter from your institution documenting you are a full time student in good standing (see example)
- Your typed CV on a separate sheet

Please email all information to Edwina Jackson, Orthopedic Surgery Research Administrative Assistant: Ejack9@lsuhsc.edu

Deadline: March 15

Interview: April

Applicant selection on or before May 1

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: