

To: Thomas E. Trumble, M.D.
 Division of Hand and Microvascular Surgery
 Department of Orthopaedics & Sports Medicine
 University of Washington School of Medicine
 4245 NE Roosevelt Avenue Box 354743
 Seattle, WA 98105-4743

**APPLICATION
 FOR
 FELLOWSHIP IN
 HAND SURGERY**

NRMP Candidate NO: _____
 Fellowship To Begin: _____
 Name: _____
 Present Address: _____
 City: _____ State ____ Zip: _____
 Telephone (work): _____ (home): _____
 Cell Phone/Pager #: _____ Email: _____
 Best Contact Method: Email Home/Work/Cell Phone (Circle) Pager Mail
 Permanent Address: _____
 City: _____ State ____ Zip: _____
 Date of Birth: _____ Birthplace: _____
 Citizenship: _____ Visa Status: _____
 Date Visa Issued: _____ Expiration Date: _____
 Soc. Sec. No.: _____
 Spouse Name: _____ No. of Children: _____

Please affix photo here.
 Photos are not required but are helpful in identifying candidates.

UNDERGRADUATE EDUCATION

College or University	Dates Attended		Degree
	From	To	Graduation Date
Name:			
Location:			
Honors:			
Name:			
Location:			
Honors:			

GRADUATE EDUCATION (non-medical)

College or University	Dates Attended		Area of Study/
	From	To	Graduation Date
Name:			
Location:			
Honors:			
Name:			
Location:			
Honors:			

MEDICAL EDUCATION

	Medical School	Dates Attended		Degree/
		From	To	Graduation Date
Name:				
Location:				
Honors:				
Name:				
Location:				
Honors:				

PG YEARS

	Hospital and Location	Dates Attended		Specialty/
		From	To	Director
1.				
2.				
3.				
4.				
5.				

USMLE	ECFMG	FLEX Exam	D.O. Exam
#	#	#	#
Part #1	Date:	Part #1	Date:
Date:		Date:	
Score:		Score:	
Part #2	Score:	Part #2	Score:
Date:		Date:	
Score:		Score:	
Part #3			
Date:			
Score:			

BOARD CERTIFICATION

Name and Year	Name and Year

LICENSURE (enclose copies)

State and Number

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Any suspensions, restrictions, disciplinary actions? (please describe)

Are there any emotional or physical issues which would affect your fellowship performance or abilities? (please describe)

PUBLICATIONS AND PRESENTATIONS (attach copies of publications)

REFERENCES (send to program director)

Please obtain four professional references, including a hand surgeon and the chief of your residency program, and also forward a copy of your medical school transcript.

1.

3.

2.

4.

MILITARY OR GOVERNMENT SERVICE

Branch and dates

Current status and future obligations

SPECIAL INTERESTS & ABILITIES

Recreational or athletic

FOREIGN LANGUAGES (conversational and/or reading)

Please give a short statement below on why you will be a good hand surgeon. Also, please explain if you have had interruptions in your education or training. Your statement may be attached as a separate sheet. Do not exceed one page.

Invitation for interview is dependent upon a completed application, including specified copies and reference letters. In signing this application, I certify that all of the foregoing information is a complete and accurate statement of fact. I authorize you to investigate any and all of my references. I understand that false information is grounds for immediate dismissal. I agree to notify you promptly of any change in my status. I understand that all appointments are for one year.

Signature

Date