

UAB ORTHOPAEDIC RESEARCH FELLOWSHIP

Instructions: Please insert a typed response to each question. You may submit the application and supporting materials electronically by email to Ashish Shah, M.D., at ashishshah@uabmc.edu.

Application Checklist:

- Complete all sections of this application clearly and accurately
 - One (1) letter of recommendation
 - Typed student essay explaining why you are interested in doing clinical research for a year in Orthopaedic Surgery at UAB
 - Your attached CV
 - Attached explanation of research experience (if applicable)
-

Applicant

First Name:

Middle Name:

Last Name:

Sex: __Male __Female

Date of Birth (MM/DD/YYYY):

Degree(s):

School

Name of Medical School:

Address:

Contact Information

Email Address:

Permanent Address:

Phone:

U.S. Citizen or Permanent Resident: ___Yes ___No

Education

Undergraduate Institution:

City/State:

Dates Attended (From-To):

Degree:

Major:

Additional Post-Graduate Work (e.g. MPH, MS, MBA, 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 ___Have taken ___Have not yet taken

Date taken (if applicable):

Score (if applicable):

USMLE Step 2 ___Have taken ___Have not yet taken

Date taken (if applicable):

Score (if applicable):

Research Experience

Have you had past experience in clinical research: ___Yes ___No

If "yes", please describe your work in an attached document.

Extracurricular Activities

List your extracurricular activities:

Career Plan/Personal Essay

In 500 words or less, please describe how you view this research fellowship opportunity in light of your career plans. This should include why you are interested in doing research for a year in the UAB Department of Orthopaedic Surgery.

Additional Requirements

- Medical School Transcripts
 - Email to Felisa Guess at fguess@uabmc.edu or use mailing address below, ATTN: Felisa Guess.
- One letter of recommendation
 - Send directly to Ashish Shah at ashishshah@uabmc.edu or use mailing address below, ATTN: Ashish Shah.



Department of Orthopaedic Surgery

Mailing address:
UAB Orthopaedic Specialties Building
1313 13th Street South
Birmingham, AL 35205

Additional Requirements *Continued*

- Attached career plan/personal essay, explained above
- Attached copy of your CV

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: