UAB DEPARTMENT OF ORTHOPAEDIC SURGERY RESEARCHERS PROGRAM

Instructions: Please insert a typed response to each question. You may submit the application and supporting materials electronically 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 the UAB Department of Orthopaedic Surgery
- 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

Educa	tion				
Under	graduate Ins	stitution:			
City/S	tate:				
Dates	Attended (F	rom-To):			
Degre	e:				
Major:					
Additional Post-Graduate Work (e.g. MPH, MS, MBA, etc.)					
Gradu	ate Institutio	n:			
City/S	tate:				
Dates	Attended (F	rom-To):			
Level Completed:					
Field	of Study:				
Medic	al School				
Medical School:					
Current Year of Medical School:					
Medical School GPA (or class rank):					
USML	E Step 1	Have taken	Have not yet taken		
		(if applicable):			
	Score (if ap	plicable):			
USML	E Step 2		Have not yet taken		
Date taken (if applicable):					
	Score (if ap	plicable):			
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Have you had past experience in clinical research:

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

Yes

No

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.

Please attach as a separate document.

Additional Requirements

- Medical School Transcripts
 - o Email to Felisa Guess at fguess@uabmc.edu
- One letter of recommendation
 - o Send directly to Ashish Shah at ashishshah@uabmc.edu
- 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	3
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	Ł
agree that any misrepresentation or omission of facts in my application will justify the d	enial
or the rescission of admission.	

Applicant Sign	ature
Date:	