ORTHOPAEDIC FELLOWSHIP IN HIP JOINT-PRESERVING SURGERY

Boston Children's Hospital
Boston, Massachusetts 02115

Harvard Medical School
Affiliated Hospital

Please include copy of curriculum vitae

Date of Application _____ Date Available _____

Name: _____
Last First Middle

Address: Present: _____

Telephone Number: _____ Email address: _____

Permanent: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Social Security Number: _____

Licensure: Mass. ☐ Permanent No. _____ Enclose Copy

☐ Limited No. _____ Enclose Copy

☐ None

Other ☐ _____ No. _____ Enclose Copy

If you are not a citizen of the United States:

1. Type of visa you will hold: _____
2. If on an Exchange Visitor Program, name of sponsor: _____

If you intend to apply for an Exchange Visitor Program, name of sponsor: _____

If you are a graduate of a Foreign Medical School (except Canada):

1. E.C.F.M.G. Certificate No. _____ Enclose Copy
2. If you are not certified, have you applied to take the examination? ☐ yes ☐ no

If you cannot be accepted for the year which you are applying, do you wish to be considered for the next year?

yes no

PROFESSIONAL REFERENCES (with full names, position, address, phone number, fax and email address)
One should be your residency program chairman.
Please have at least three professional references submitted directly to:

Dr. Young-Jo Kim
Orthopedic Center
Boston Children's Hospital
300 Longwood Avenue
Hunnewell II
Boston, MA 02115

EDUCATION: College and Medical School

Institution	Degree	Date

Please arrange for the Medical School to send transcript of grades, standing in class and recommendation.

EXPERIENCE:

Please list in chronological order all positions held (Hospital, Medical School, University, Industrial, Medical Practice, Service, etc.) since receipt of medical degree.

State specific type of Internship or Residency:

Dates

From:	To:	Position:	Institution:

Career Plans (if formulated):

Publications (if any):

Languages spoken (indicate degree of fluency:

Special interests:

Date: _____ Signature of Applicant: _____

Please attach a copy of your curriculum vitae