



2015-2016 SPINE SURGERY FELLOWSHIP APPLICATION

Email to: apark@texasback.com
Contact: Amy Park (972) 608-5148

PERSONAL INFORMATION

Name: _____

Current Position and Program: _____

Email: _____ Citizenship: _____

Date of Birth: _____ Military Obligations: _____

SURGICAL INTERESTS

RESEARCH INTERESTS/EXPERIENCE

PERSONAL INTERESTS/COMMUNITY INVOLVEMENT

REFERENCES

Please request recommendation letters from your current Program Director and two Professors (or faculty surgeons).

The letters should be sent directly to the Fellowship Office.

ADDITIONAL DOCUMENTATION

Please include the following documents with this application:

- Current Curriculum Vitae (with a photograph)
- Personal Statement Letter
- USMLE/COMLEX Test Score Reports (Parts 1-3)
- Copies of any state licensure

DISCLOSURES

Have you ever had any suspensions, restrictions, or disciplinary actions at any institution or with any state/federal licensing agency?	Yes	No
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Do you have any malpractice claims (pending, dropped or settled)?	Yes	No
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Are you currently or have you ever been in a monitoring or rehabilitation contract/agreement at any institution for problems associated with alcohol, drug dependence, emotional conditions or disruptive behavior?	Yes	No
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*Please provide details to any yes responses on an additional page.

AUTHORIZATION, ATTESTATION AND RELEASE

I authorize Texas Back Institute Fellowship Program to use any information provided in my application for the purpose of conducting a recruiting audit (verification of training, licensure and disclosure items). I understand that any information obtained will be confidential.

I certify that the information in this application is true and complete and that I have not withheld information that might significantly affect my qualifications for fellowship training. I understand that any offer made and accepted will be void if I do not satisfactorily complete my residency training.

Signature: _____ Date: _____