

Stavros Niarchos Foundation – Thomas P. Sculco, MD
International Orthopaedic Fellowship
Application for 2013 – 2014 academic year



Please complete the following application in English.

Name of Applicant: _____

Present Home Address: _____

Home Telephone: _____ E-mail: _____

Date of Birth: _____ MALE FEMALE

License to Practice Medicine:

Country of Licensure	License Number	Date of Issue	Expiration Date
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Restrictions, if any: _____

Name of Institution, Dates and Degrees for the Following:

Medical School: _____

Other: _____

Post-Doctoral Training (*Position, Name of Institution, Dates*)

Present Position (*Title, Institution, Department*)

Mailing Address: _____

Work Telephone _____ E-mail _____

Present Supervisor (*Name and Title*): _____

Visa Information *This fellowship opportunity is contingent upon procurement of the appropriate visa. Please include a copy of your ECFMG certificate, or if you do not have an ECFMG certificate, please send your CV so that we can assess your eligibility for a clinical visa. For more information please contact Amy Broffman at 212-774-2302 or broffmana@hss.edu.*

1) What visa status are you currently in, if any?

2) Have you ever been denied an application for a US visa or US entry? Yes No

If yes, please provide details: _____

3) Time spent in the US:

If you are currently or have ever been in the US with a work visa (H1, L1, O1, TN, J-1, F-1), please enter the dates you actually worked in the US on each visa. Please record all dates you were out of the US for at least 60 days at a time. Add additional sheets if necessary.

Dates in the US (MM/DD/YY):

From:	<input type="text"/>	To:	<input type="text"/>	Visa:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Visa:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Visa:	<input type="text"/>

REFERENCES

The applicant is responsible for having reference letters submitted to the hospital. For each reference, specify Name, Title and Complete Address. The first reference must be from the applicant's Program/Fellowship Director/Chairman from a Greek Institution.

1. _____

2. _____

3. _____

I UNDERSTAND THAT IF I AM OFFERED THE FELLOWSHIP AND ACCEPT SUCH OFFER, I WILL BE ENROLLED IN AN ORTHOPAEDIC FELLOWSHIP PROGRAM AND I WILL NOT BE PERMITTED TO RECEIVE SALARY SUPPLEMENTATION FROM ANOTHER FELLOWSHIP OR SIMILAR AWARD.

Signature of Applicant

Date

Please attach your ECFMG certificate, medical school Dean's letter, medical school transcript, *curriculum vitae*, and personal statement and mail, email or fax to the address below. Please request than an original letter (not a photocopy) in English, be sent directly to HSS from your consulate, government or licensing agency. This letter must verify that you are licensed to practice medicine in your country without restrictions, and must include the dates of your licensure. A copy of your license must be included with this letter. **The deadline for all application material is January 1, 2013**

Amy Broffman
GME Fellowship Coordinator
Academic Training Department, Education Division

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