

**PHYSICIAN SCIENTIST TRAINING PROGRAM**  
 THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS  
 Southwestern Medical School

Application Form for Training Starting \_\_\_\_\_  
**Please Print or Type**

Return completed application and documentation to: Physician Scientist Training Program  
 C/O Charles M. Ginsburg, M.D.  
 Sr. Associate Dean for Academic Administration  
 5323 Harry Hines Blvd.  
 Dallas, Texas 75390-9003

\_\_\_\_\_ Date this form completed

**PERSONAL DATA**

\_\_\_\_\_ Last Name First Name Middle Initial

\_\_\_\_\_ *Permanent Address:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ City State Zip Code

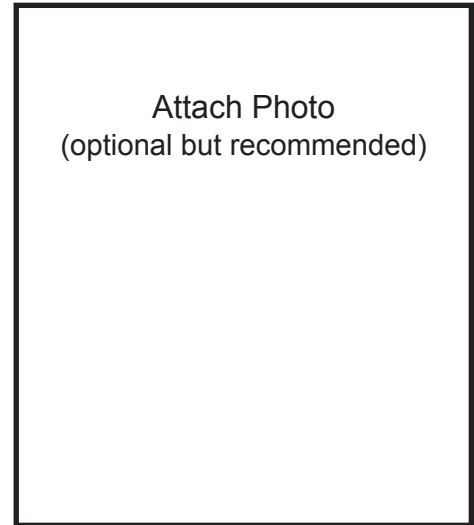
\_\_\_\_\_ Home Telephone Work Telephone

\_\_\_\_\_ E-mail Address

\_\_\_\_\_ Place of Birth Date of Birth

\_\_\_\_\_ Country of Citizenship

*If not US, what is your visa status:* Permanent Resident \_\_\_\_\_ J1: \_\_\_\_\_ H1: \_\_\_\_\_ Other: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



\_\_\_\_\_ Current Position

\_\_\_\_\_ Nominating Chairperson Clinical Fellowship Director

EDUCATION	NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	DEGREE AWARDED
College				
Medical School				
Graduate School				

POSTGRADUATE TRAINING	NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	TYPE OF TRAINING
Internship				
Residency				

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**RESEARCH EXPERIENCE**

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**PUBLICATIONS**

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**HONORS and AWARDS**

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*Attach a separate page if necessary; DO NOT write "see C.V."*

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**PERSONAL STATEMENT**

On a separate page, outline your interests in research. Include a description of your career goals after the completion of your fellowship training.

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**OTHER INTERESTS**

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**REFERENCES**

Three original letters of recommendation are required.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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