

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				

RESEARCH EXPERIENCE

PUBLICATIONS

HONORS and AWARDS

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

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.

OTHER INTERESTS

REFERENCES

Three original letters of recommendation are required.

Name

Position/Title

Name

Position/Title

Name

Position/Title

Signature

Date
