***APPLICATION DEADLINE***: ***June 15, 2018***

Application for the University of Texas Southwestern Medical Center Neurotology Fellowship beginning July 1, 2019

*(Admission to this Program is contingent upon completion of a residency program in an accredited Otolaryngology program.)*

**Mail (not email) application to:**

ATTN: Sherry Carpenter Program Director: J. Walter Kutz, M.D.

UT Southwestern Medical Center walter.kutz@utsouthwestern.edu

Dept of Otolaryngology-Head & Neck Surgery

5323 Harry Hines Blvd., Rm G7-236

Dallas, TX 75390-9035

sherry.carpenter@utsouthwestern.edu

phone: 214-648-2964

fax: 214-648-9122

PLEASE **TYPE or PRINT** INFORMATION BELOW

Please complete and attach ***ALL*** information requested. Incomplete applications will not be considered. N/A is not acceptable in required categories. **Please be sure to include a 2 x 2” recent COLOR photograph of yourself.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (street, apt, city, state and zip code) Phone (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visa (if non-citizen): \_\_\_\_\_\_\_\_\_

**Present Activity:**

Current activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year graduated: \_\_\_\_\_\_\_\_\_\_\_\_

Residency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year completed: \_\_\_\_\_\_\_\_\_\_\_\_

Military (Active): \_\_\_\_\_ Branch/Duty Station/National Guard/Reserve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Licensure/Certification**:

Board Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certification Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Medical License: Type: \_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_\_\_\_

*\*A Texas Physician in Training Permit is required to practice as a neurotology fellow in our program.*

Have you been party to any malpractice liability claims, suits, and/or settlements? Yes \_\_ No \_\_ (If yes, please attach a summary on a separate piece of paper.)

Have you ever been convicted of a crime, other than a minor traffic violation? Yes \_\_ No \_\_ (If so, please explain on separate piece of paper.)

**REFERENCES**: Please submit names and addresses of three physicians who are acquainted with your academic and/or professional experience and your personal character. Two of the letters should be from the Department Chair and Residency Program Director.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supplemental Information – **REQUIRED** (any missing documents may result in rejection of your application)

1. Photograph (2X2 in. color)
2. Confidential letters of recommendation in a signed and sealed envelope (see references above). Must be mailed directly to UT Southwestern. Please do not add with the application.
3. A current Curriculum Vitae including: a) colleges and universities attended with dates and degrees, b) medical school, dates of attendance, and degree(s), c) membership in Honorary/Professional Societies, Scientific and/or Professional Organizations, d) Honors and Awards, e) work/research experience, f) publications, g) languages spoken fluently.
4. Personal statement – include research interests and career goals. Limit to one-page or 500 words.

How did you hear about our fellowship program: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information listed on this application and on the attached Curriculum Vitae is correct.

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(use full legal name that appears on birth certificate)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_