

DISEASE-ORIENTED CLINICAL SCHOLARS (DOCS) PROGRAM  
 THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS  
 Southwestern Medical School

**Please Print or Type**

Return completed application and documentation to: DOCS Program  
 C/O Charles M. Ginsburg, M.D.  
 UTA 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

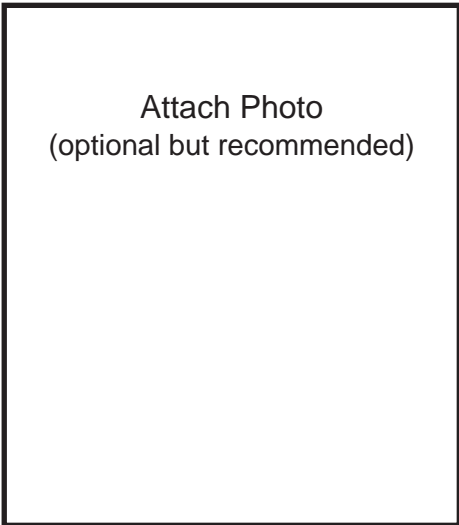
\_\_\_\_\_ Home Telephone Work Telephone

\_\_\_\_\_ 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 - List. Attach up to 3 examples.**

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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**

Provide a brief statement of research interests (not to exceed 3 pages), which describe your past research training and the expected research plan as a DOCS awardee.

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**OTHER INTERESTS**

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**REFERENCES**

Three original letters of recommendation are required.

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Name

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

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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