

# **Thoracic Surgery Residency**

## **UNIVERSAL APPLICATION FORM**

Developed in 1994  
by the

**THORACIC SURGERY DIRECTORS ASSOCIATION**

# THORACIC SURGERY RESIDENCY UNIVERSAL APPLICATION FORM

## *INSTRUCTIONS*

### *Read Carefully*

This application should either be typed or printed legibly in black ink.

The completed application may be copied (except for signature) for distribution to all programs to which you are applying, but each submitted application must be signed and dated by you.

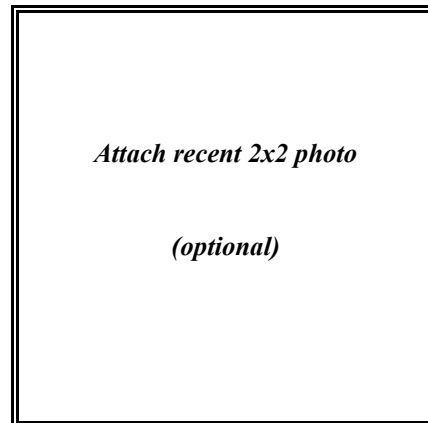
**Photograph:** Although not compulsory, program directors find photographs of applicants useful in identifying candidates with whom they have spoken during the interviewing process.

**Letters of Recommendation:** You are requested to submit the names of three of your mentors whom you believe can provide an assessment of your potential for a career in thoracic surgery. One of these should be your General Surgery Program Director. It is your responsibility to ask these individuals for their letters of support and to be certain that they are mailed to the programs to which you are applying.

Application for Thoracic Surgery Residency beginning in \_\_\_\_\_ (Year)

Name:

Social Security Number:



Home Address:

Street

Apt.

City

State

Zip Code

Work Address:

Institution

Street

City

State

Zip Code

Telephone: ( ) (Home)

( ) (Work)

Citizenship: \_\_\_ U.S. \_\_\_ Other ( )

If not U.S. citizen: \_\_\_ Permanent \_\_\_ J-1 \_\_\_ Temporary \_\_\_ H-1

DEA Certification Number \_\_\_\_\_

Expiration Date

CPR Certification Date \_\_\_\_\_

Expiration Date

ACLS Certification Number \_\_\_\_\_

Expiration Date

Medicare UPIN Number \_\_\_\_\_

Thor. Surg. NRMP No.

Education	School/ Institution	State	From Mo./Year	To Mo./Year	Degree (if any)	Major/Area of Study
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Undergraduate:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Graduate:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical School:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Internship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Surgery Residency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Residency/Fellowship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Research Experience:

\_\_\_\_\_

\_\_\_\_\_

American Board of Surgery Status: \_\_\_\_\_

Eligible (accepted by the Board for examination)

(Date)

Examination Results:	Exam	Certified		(Certificate No.)	
		Number	Year	Numeric Score	Percentile
	USMLE, Step I	_____	_____	_____	
	USMLE, Step II	_____	_____	_____	
	USMLE, Step III	_____	_____	_____	
<b>International Graduates Only:</b>					
	FMGEMS (English Exam)	_____	_____	_____	_____
<b>Surgery In-Training:</b>					
	ABSITE I	_____	_____	_____	
	ABSITE II	_____	_____	_____	
	ABSITE III	_____	_____	_____	_____
	ABSITE IV	_____	_____	_____	_____
	ABSITE V	_____	_____	_____	_____
	Flex: Part I	_____	_____	_____	
	Flex: Part II	_____	_____	_____	

Medical Licensure: State: \_\_\_\_\_ No. \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Honors/Awards:

Publications:  
 (Attach separate  
 page(s) if necessary)

**HEALTH/Ethical Considerations:**

Since graduation from Medical School, have you had any mental or physical health problems that would interfere with the practice of medicine? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had any problems with drug or alcohol abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been subject to any disciplinary action in regard to your professional activities? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been under investigation by any governmental or other legal body? \_\_\_\_\_ Yes \_\_\_\_\_ No

Elaborate on a separate sheet of paper any item above to which you have responded in the affirmative.

**Letters of Reference Requested From:**

1. **General Surgery Program Director -  
Name and Title:**

**Institution:**

**Address:**

2. **Name and Title:**

**Institution:**

**Address:**

3. **Name and Title:**

**Institution:**

**Address:**

**OPTIONAL:**

**Equal Opportunity/Affirmative Action**

This institution is committed to a policy of equal opportunity and affirmative action in the appointment process. If you choose to, indicate your self-description by checking the appropriate boxes below.

\_\_\_\_\_ Female \_\_\_\_\_ Male

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ African American/Black

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Hispanic - (Circle one: Mexican American Puerto Rican Cuban  
Mexican Central American South American)

\_\_\_\_\_ European American/White

\_\_\_\_\_ Other

**Personal Statement:** *(In no more than two single-spaced typewritten pages, discuss your motivation for pursuing a career in Thoracic Surgery, your professional goals at this time, and any aspects of your background or past achievements that have been particularly important in your life. You may also describe significant research or work experience, personal interests, or activities which you feel are pertinent. Any unusual interruption in your medical education should also be explained in this personal statement.)*

**I certify that the information submitted on this application form is correct to the best of my knowledge, and I understand that false or missing data may disqualify me from this position.**

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*Signature*

*Date*