

APPLICATION FOR NONOPERATIVE PEDIATRIC ORTHOPEDICS FELLOWSHIP
UNIVERSITY OF WISCONSIN – MADISON

To Begin: 2006 2007 2008

PERSONAL DATA:

Last Name	First	Middle
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Current Address

City	State	Zip Code	Country
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(Area Code)Telephone	Home	Work	Fax
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Permanent Address

City	State	Zip Code	Country
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(Area Code)Telephone	Home	Work	Fax
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Citizen of U.S.: Yes No Social Security Number: _____ - _____ - _____

Are you aware of any limitation which would prevent you from performing the duties of the fellowship for which you are applying? _____

EDUCATION:

College or University	City/State	Dates	Degree
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College or University	City/State	Dates	Degree
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College or University	City/State	Dates	Degree
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Medical School	City/State	Dates	Degree
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USMLE Scores:

_____ I _____ II _____ III

Flex Scores:

_____ I _____ II

RESIDENCY/FELLOWSHIP TRAINING:

Program City/State Dates Specialty

Program City/State Dates Specialty

Program City/State Dates Specialty

Board Certified? Yes _____ No
Specialty

PREVIOUS PRACTICE EXPERIENCE:

ORTHOPEDICS EXPERIENCE:

Orthopedic/Sports Medicine Rotations (date, type, location, instructor):

Orthopedics/Sports Medicine Conferences (attended/presented):

Research Interests/Experience/Past Projects:

ADDITIONAL PERSONAL DATA:
(May defer to CV if appropriate)

1. Volunteer Involvement

Position/Title	Organization, City, State	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Military Status (USA): present status and service record

- a. Do you hold a Reserve Commission? Yes No
 Branch _____ Rank _____
- b. Have you served in the military or USPHS? Yes No
 Have you attended summer training camp? Yes No
- c. Are you required to attend reserve meetings? Yes No
 Are you required to attend summer training camp? Yes No
- d. Do you have a military or USPHS commitment? Yes No
 To begin on _____ for _____

3. Are you certified by the ECFMG? Yes No

- Which Qualifying Exam taken? _____
- a. Date passed _____
 - b. Scores: Part I _____ Part II _____
 - c. Certificate Number _____
 - d. Certificate valid through what date _____

4. If not a US citizen, will you enter or remain in the US on:

- a. Exchange Visitor Visa Number _____
- b. Permanent Visa Number _____
- c. How many years may you remain in the US? _____

5. Publications (Authors. Title. Publication. Date; Volume(Issue):Pages):

6. Conferences Attended or Presented (other than orthopedics/sports medicine):

7. Honors and Awards:

Please also attach:

- Personal Statement (one page)
- Curriculum Vitae
- 3 letters of reference, must include:
 - Residency Director
 - Pediatric Orthopedist
 - One other letter

I certify that the information given or attached is true, accurate and complete.

Signature

Date

Application must be received by January 15.

Only highly qualified applicants will be invited to interview.
Interviews will take place between January 15 and March 1.
All notifications regarding this position will be made by March 15.

Please send this application and attached documents to:

Kenneth Noonan, MD
Department of Orthopedics and Rehabilitation
University of Wisconsin – Madison
K4/731 CSC
600 Highland Ave.
Madison, WI 53792
Fax: (608)263-5361