

APPLICATION FOR
NON-OPERATIVE PEDIATRIC ORTHOPEDICS FELLOWSHIP
UNIVERSITY OF WISCONSIN – MADISON

Start date: July 1, _____ (please enter the year for which you are applying)

PERSONAL DATA:

Last Name	First	Middle
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Current Address

City	State	Zip Code	Country
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Telephone: Home	Work	Cell (optional)	Fax
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Permanent Address

City	State	Zip Code	Country
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Telephone	Fax (optional)
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Citizen of U.S.: Yes No

USMLE Scores: _____ _____ _____
 Step 1 Step 2 CK Step 3

COMLEX Scores: _____ _____ _____
 Level 1 Level 2-CE Level 3

ORTHOPEDICS EXPERIENCE (attach additional pages, if necessary):

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

Orthopedics/Sports Medicine Conferences (attended/presented):

Research Interests/Experience/Past Projects:

Please also attach:

- Curriculum Vitae
- Personal Statement (one page)
- 3 confidential letters of reference – must include:
 - Residency Director
 - Pediatric Orthopedist
 - Applicant’s choice for 3rd letter

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

Signature

Date

Applications will be accepted at any time. Likewise, fellowship offers may be extended at any time, so early submission is recommended for priority consideration.

**Only highly qualified applicants with complete applications will be invited to interview.
All notifications regarding this position will be made by December 31.**

Please send this application and additional documents to:

Amy Vincent

Education Program Manager – Non-operative Pediatric Orthopedics

Department of Orthopedics and Rehabilitation

University of Wisconsin School of Medicine and Public Health

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Madison, WI 53705-2281

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email: vincent@ortho.wisc.edu