

APPLICATION
HEAD AND NECK ONCOLOGIC AND RECONSTRUCTIVE SURGERY FELLOWSHIP
Medical University of South Carolina

Name _____ Date _____
Office Address _____
Home Address _____
Office Telephone _____ Home Telephone _____
FAX Number _____ E-mail Address _____ Place
of Birth _____ Date of Birth _____ Citizenship
_____ Current Position _____

Name of College or University, Degrees, Date of Graduation

Pre-Medical
Education

Name of Medical School, Date of Graduation

Medical
School

Name and Location of Hospital, Type of Service, Dates

Internship

Name of State, Province or Country, Date License Issued

Licensure

Name and Location of Institution, Type of Service

Residency

Fellowships
Post Residence Experience

Certification _____ by _____
Board

Honors, Awards
and Activities

Medical Society _____
Memberships _____

Name and address of references (One should be from a member of the American Head and Neck Society and one from either your department chairperson or program director). Please request the letter be sent directly to the address listed.

Reference 1. _____ 2. _____ 3. _____

Address _____ City
_____ State/Zip
_____ Phone

Personal Statement (please describe your interest in this Fellowship and future goals)

Contributions to Medical
Literature (attach additional
sheet, if needed)

<p>Attach a 2 x 2 photograph in this space (Optional)</p>
--

I certify that the above is accurate to the best of my knowledge.

Signature

Date

05/22/01

Please Return to:

*Ann Durgun
Division of Head and Neck Oncologic Surgery
Department of Otolaryngology/Head and Neck Surgery
135 Rutledge Ave.
PO Box 250550
Charleston, SC 29425
843-792-0719*

Application Check-List

1. All applications must be typed
2. Updated curriculum vitae
3. Please request and have submitted three letters of recommendation. One letter must be from your program chair and at least one letter must be from a member of the American Head and Neck Society.
4. Enclose one 2" x 2" color or b/w photograph.(Optional)