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# Burn Fellowship Application

## Section 1: Personal Information

- Last Name: \_\_\_\_\_
- First Name: \_\_\_\_\_
- Middle Initial: \_\_\_\_\_
- Date of Birth (MM/DD/YYYY): \_\_\_\_\_
- Gender:  
☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say ☐ Other: \_\_\_\_\_
- Ethnicity: \_\_\_\_\_  
\_\_\_\_\_ ☐ Prefer not to say
- Race: \_\_\_\_\_  
\_\_\_\_\_ ☐ Prefer not to say
- Citizenship: \_\_\_\_\_
- Military Status:  
☐ Active ☐ Veteran ☐ None ☐ Other: \_\_\_\_\_
- Visa Type and Status (if applicable): \_\_\_\_\_
- English Language Fluency:  
☐ Fluent ☐ Conversational ☐ Limited ☐ Not at all

## Section 2: Contact Information

- Address: \_\_\_\_\_
- City: \_\_\_\_\_
- State: \_\_\_\_\_
- Zip Code: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Home Phone: \_\_\_\_\_



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- Work Phone: \_\_\_\_\_
- Mobile Phone: \_\_\_\_\_

## Section 3: Education and Training

### Undergraduate School

- Field of Study: \_\_\_\_\_
- Degree: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_

### Medical School

- Degree: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_

### Attended Graduate School

- Field of Study: \_\_\_\_\_
- Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_

### Internship

- Year: \_\_\_\_\_
- Program/Specialty: \_\_\_\_\_

### Residency

- Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_
- Program/Specialty: \_\_\_\_\_

### Fellowship

Completed another Fellowship ☐ Yes ☐ No

- Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_
- Specialty: \_\_\_\_\_



## Section 4: Exam Scores

### USMLE

- Step 1 Score: \_\_\_\_\_
- Step 2 CK Score: \_\_\_\_\_
- Step 2 CS Score (if applicable): \_\_\_\_\_
- Step 3 Score: \_\_\_\_\_

### ABSITE

- PGY-1 Percentile: \_\_\_\_\_
- PGY-2 Percentile: \_\_\_\_\_
- PGY-3 Percentile: \_\_\_\_\_
- PGY-4 Percentile: \_\_\_\_\_
- PGY-5 Percentile: \_\_\_\_\_

## Section 5: Additional Qualifications

### Awards and Honors

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Specialties

- Board-Certified Specialty: \_\_\_\_\_
- Board-Eligible Specialty: \_\_\_\_\_
- Board-Certified Subspecialty: \_\_\_\_\_
- Board-Eligible Subspecialty: \_\_\_\_\_



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#### Professional Jobs

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### Professional Societies

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Section 6: Medical Licensure

#### Current Medical License

- State: \_\_\_\_\_ Year Issued: \_\_\_\_\_

#### Active Medical License

- State: \_\_\_\_\_ Year Issued: \_\_\_\_\_

## Section 7: Attestations

Please check “Yes” or “No” for each:

1. Has your state license or application ever been denied, suspended, or revoked?  
☐ Yes ☐ No
2. Has your membership on a medical staff ever been denied, suspended, or revoked?  
☐ Yes ☐ No
3. Has your State/Federal controlled substance license ever been denied, suspended, or revoked?  
☐ Yes ☐ No
4. Have you ever been convicted of a felony?  
☐ Yes ☐ No
5. Have you been found guilty of malpractice or negligence?  
☐ Yes ☐ No



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## Section 8: References

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I waive my right to view all letters of recommendation ☐ Yes ☐ No

## Section 9: Required Documents

Please submit the following directly to the program:

- Your professional photograph
- Your curriculum vitae
- Your personal statement
- Your USMLE scores
- Your ABSITE scores
- Any additional documents you wish to be considered



## Section 10: Qualifications for Fellowship Training

For each referee, please ensure the following request is included with their letter of recommendation:

**Percentile Rank:** *For each of the categories listed below, please assign a percentile rank based on your knowledge of the applicant's abilities in comparison to other candidates you have worked with.*

- |   |   |
|---|---|
| 1. PATIENT CARE - Ability to develop differential diagnosis and cohesive treatment plan.          | <input type="checkbox"/> Top 1% <input type="checkbox"/> 10 % <input type="checkbox"/> 25% <input type="checkbox"/> 50% |
| 2. MEDICAL KNOWLEDGE - Level of general and surgical critical care medical knowledge.             | <input type="checkbox"/> Top 1% <input type="checkbox"/> 10 % <input type="checkbox"/> 25% <input type="checkbox"/> 50% |
| 3. PROFESSIONALISM - Quality of work ethic and willingness to assume responsibility.              | <input type="checkbox"/> Top 1% <input type="checkbox"/> 10 % <input type="checkbox"/> 25% <input type="checkbox"/> 50% |
| 4. INTERPERSONAL and COMMUNICATION SKILLS -Ability to interact with others.                       | <input type="checkbox"/> Top 1% <input type="checkbox"/> 10 % <input type="checkbox"/> 25% <input type="checkbox"/> 50% |
| 5. TEAMWORK - Ability to work with a team.  | <input type="checkbox"/> Top 1% <input type="checkbox"/> 10 % <input type="checkbox"/> 25% <input type="checkbox"/> 50% |
| 6. PROCEDURAL SKILLS - Ability to perform surgical procedures.                                    | <input type="checkbox"/> Top 1% <input type="checkbox"/> 10 % <input type="checkbox"/> 25% <input type="checkbox"/> 50% |
| 7. RESEARCH - Ability to identify a question and to formulate and execute a cogent research plan. | <input type="checkbox"/> Top 1% <input type="checkbox"/> 10 % <input type="checkbox"/> 25% <input type="checkbox"/> 50% |
| 8. INITIATIVE and DRIVE - Ability to stay oriented to a goal and see tasks to completion.         | <input type="checkbox"/> Top 1% <input type="checkbox"/> 10 % <input type="checkbox"/> 25% <input type="checkbox"/> 50% |
| 9. LEADERSHIP - Potential for leadership in surgical critical care or acute care surgery.         | <input type="checkbox"/> Top 1% <input type="checkbox"/> 10 % <input type="checkbox"/> 25% <input type="checkbox"/> 50% |

### Global Assessment:

- |  |   |
|--|---|
| 1. COMMITMENT to SCC/ACS - Thoughtfulness in choosing his or her career path.    | <input type="checkbox"/> Top 1% <input type="checkbox"/> 10 % <input type="checkbox"/> 25% <input type="checkbox"/> 50% |
| 2. COMMITMENT to ACADEMICS - Likelihood of pursuing an academic/research career. | <input type="checkbox"/> Top 1% <input type="checkbox"/> 10 % <input type="checkbox"/> 25% <input type="checkbox"/> 50% |
| 3. OVERALL RANKING - Compared to other applicants, this applicant is in the:     | <input type="checkbox"/> Top 1% <input type="checkbox"/> 10 % <input type="checkbox"/> 25% <input type="checkbox"/> 50% |