

# HIP PRESERVATION SURGERY FELLOWSHIP

(please print or type)

**Photo**  
Please insert or attach a quality color photograph with a plain background.

<p>Name _____ <small>Last, First, Middle, Suffix</small></p> <p>Birth Date _____</p> <p>Birthplace _____</p> <p>*Citizenship _____</p> <p>Home Address _____ <small>Street</small></p> <p>_____ <small>City, State, Zip</small></p> <p>Phone _____ Mobile _____</p> <p>Email _____</p> <p>Premedical College _____ <small>School, City/State</small> Degree/ Major _____ Dates _____ <small>From/ To</small></p> <p>Advanced Work _____ <small>School, City/State</small> Degree/ Major _____ Dates _____ <small>From/ To</small></p> <p>Medical School _____ <small>School, City/State</small> Degree/ Major _____ Dates _____ <small>From/ To</small></p> <p>Residency Training _____ <small>Institution, City/State</small> Dates _____ <small>From/ To</small></p> <p>ACGME Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>Additional Training _____ <small>Institution, City/State</small> Dates _____ <small>From/ To</small></p> <p>ACGME Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>Academic Honors (e.g. AOA), Graduation Rank, etc. _____</p>	<p>From <u>August 1,</u> To <u>July 31,</u> <small>Year Year</small></p> <p>Today's Date _____</p> <p>Military Status _____ SS# _____</p> <p>Gender/ Ethnicity _____</p> <p>Work Address _____ <small>Street</small></p> <p>_____ <small>City, State, Zip</small></p> <p>Phone _____ Pager _____</p> <p>Email _____</p>
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**REQUIRED SUPPORTING DOCUMENTATION**

**References** List three physicians whom you should request to send a letter; one should be from your residency training program director.

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

**Curriculum Vitae and Personal Statement** Please submit a brief description of your background, educational experience, honors, extracurricular activities, possible research activities, plans for fellowship training, and future goals.

**Transcript** Please attach a copy of your medical school transcript.

**Medical Licensure Examination & Requirement** Please attach copies of all 3 steps of USMLE/ COMLEX/ or equivalent Canadian examinations (required for Duke employment). A North Carolina full medical license is required for this fellowship; please refer to the NCMB web site - <http://www.ncmedboard.org/> for details.

Please mail to: Cheryl DePaolis, Fellowship Program Coordinator  
c/o Hip Preservation Surgery Fellowship  
Duke, Department of Orthopaedic Surgery  
Box 104002 · Durham, NC 27710 · USA  
(919) 684-0536 · Email: [cheryl.depaolis@duke.edu](mailto:cheryl.depaolis@duke.edu)