tyco Healthcare

United States Surgical

United States Surgical

Application Form for Clinical Fellowship Program

Each applicant must complete this form and mail to:
Mail to: United States Surgical, Professional Medical Education Department, 150 Glover Avenue, Norwalk, CT 06856

Number of Fellowships your are requesting: _____

Type of Clinical Fellowship(s): _____
(i.e. General, Bariatric, Colorectal, Thoracic, etc.)

Full Title of Program: _____

Program Institution: _____

Program Director: (attach CV) _____

Contact EMAIL Address: _____

Contact Website: http:// _____

Mailing Address/Phone/Fax: _____
_____

Content: Submit previous 12 mo. surgical procedures performed and total number of each procedure.

Basic Laparoscopy: _____
Advanced Laparoscopy: _____
Thoracoscopy: _____

Anticipated percentage of the cases are:

Lap. Solid Organ: ____% Bariatric (LGB):_____%
TEP Hernia:_____% Lap. Assisted Colectomy:___ %
Lap. Foregut:_____% VATS:_____%

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United States Surgical

MIS Fellowship Application

Time Spent: (list by %)

Clinical :_____ %
Research: _____ %
Education:_____ %

Number & Specialty of Fellowships per year: _____

Start Date: _____

End Date: _____

Fellows Expense Breakdown:

Salary :_____
Fringe Benefits:_____
Malpractice :_____

List of past graduates and where they are practicing surgery now:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____

Program Director

_____

Date

Note: All applications must be received by the Professional Medical Education Department July 16, 2004. Notice will be issued by October 1, 2004 for those Fellowships starting July 2005.