

Acute Care Surgery Fellowship Application

*Upon completion, submit this completed form, CV, Personal Statement, Photo & 3 Letters of Recommendation to Dr. Annika Storey, Program Director Acute Care Surgery, email annika-storey@uiowa.edu & cc: Tara Maurer, Program Coordinator email tara-maurer@uiowa.edu

Application Year: _____

Applicant Information:

Name:	Country/Citizenship:	Present Mailing Address
Date of Birth:	Telephone Number:	Military Status:

Education: College, Universities & Medical Schools

Schools & Address	Years (from-to)	Degree

Internship, Residency, Fellowships

Hospital & Address	Internship, Residency, or Fellowship	Years (from-to)	Board Certified/Board Eligible (Yes-No)

Other Medical Experience

Position	Address/Location	Dates (inclusive)

Have you ever been on probation and/or suspended from a prior program?

If yes, please explain: