

**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 for Academic Year: 2026-2027***

**Applicant Information:**

|  |  |  |
| --- | --- | --- |
| Name: | Country/Citizenship: | Present Mailing Address |
|  |  |  |
| Date of Birth: | Telephone Number:  | Military Status: |
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**Education: College, Universities & Medical Schools**

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| --- | --- | --- |
| Schools & Address | Years (from-to) | Degree |
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**Internship, Residency, Fellowships**

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

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| --- | --- | --- |
| Position | Address/Location | Dates (inclusive) |
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|  |  |  |
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Have you ever been on probation and/or suspended from a prior program?

No

Yes 

If yes, please explain: