

Please check the appropriate box for desired fellowship program.

- Obstetric Anesthesiology
 Neuroanesthesiology (non-ACGME)
 Regional Anesthesiology (non-ACGME)
 Pediatric Cardiac Anesthesiology (non-ACGME)

Desired date of Fellowship: From _____ To _____

I. PERSONAL BACKGROUND (also submit a CV)

Name: _____ Credentials: _____ Social Security Number: _____

Address: _____
Street City State Zip

Telephone: _____
Home Office

Email Address: _____

Visa Status (if applicable): Permanent J-1 H-1B Other _____

USMLE scores: Part I _____ Part II _____ Part III _____ (submit **OFFICIAL** transcripts)

NOTE: To receive a Texas Medical license, each step of the USMLE or COMLEX must be passed within three attempts

Submit In-Training Examination Reports: Intern ITE ____/____%

CA1 ITE ____/____% CA2 ITE ____/____% CA3 ITE ____/____%

AKT0 ____/____% AKT1 ____/____% AKT6 ____/____% AKT24 ____/____%

II. INTERNSHIP

Location: _____ Date: _____

III. RESIDENCY TRAINING

Specialty/Location: _____ Date: _____

Specialty/Location: _____ Date: _____

Specialty/Location: _____ Date: _____

IV. GRADUATE EDUCATION

Location: _____ Date: mm/yy _____ Field of Study: _____ Degree: _____

Location: _____ Date: mm/yy _____ Field of Study: _____ Degree: _____

Location: _____ Date: mm/yy _____ Field of Study: _____ Degree: _____

V. UNDERGRADUATE EDUCATION

Location: _____ Date: _____ Field of Study: _____ Degree: _____

Location: _____ Date: _____ Field of Study: _____ Degree: _____

VI. HONORS AND/OR AWARDS

VII. PERSONAL STATEMENT *(Submit a one-page statement, see below)*

VIII. REFERENCES *(In addition to a letter from your Chairperson/Program Director, include two letters from other faculty members who have worked with you closely):*

- 1. _____
- 2. _____
- 3. _____

Signature of Applicant _____

Date _____

**Return this application and letters of reference to:
anesfellowship@utsouthwestern.edu**

Obstetric Anesthesiology
Regional Anesthesiology
Neuroanesthesiology
Pediatric Cardiac Anesthesiology

Weike Tao, MD
Anthony Machi, MD
David McDonagh, MD
Sana Ullah, MD

UT Southwestern Medical Center Medical Center
Department of Anesthesiology, 7723 Harry Hines Blvd.
Dallas, TX 75390-9068

