

Please check the appropriate box for desired fellowship program.

Neuroanesthesiology (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**

Neuroanesthesiology  
Pediatric Cardiac Anesthesiology

David McDonagh, MD  
Sana Ullah, MD

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

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