ESCOME Fellowship Application

Emory Spine Center for Outreach and Medical Education

EMORY UNIVERSITY SCHOOL OF MEDICINE

RETURN TO: JIANLI ZHAO
The Emory Spine Center
59 Executive Park South, Suite 3010
Atlanta, GA 30329 USA
Tel: 404-778-6305 Fax: 404-778-6510
or
ESCOME@emory.edu

Name: ____

Title/Position: ____
____
____

Present Address: ____
____
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Contact Numbers (Work) ____________________ (Cell) ____________________
(E-mail) ____

Citizen of ____

UNDERGRADUATE AND GRADUATE EDUCATION:

Degree	Institution (Name and Location)	Dates Attended

MEDICAL EDUCATION:

Degree	Institution (Name and Location)	Dates Attended

RESIDENCY

	Institution and Location	Department	Chief of Service	Dates
1st Year:				
2nd Year:				
3rd Year:				
4th Year:				
Other:				

OTHER TRAINING (Ph.D. or other)

Institution and Location	Dates

List Research Interests and Publications ______________________________

Medical Honors and Awards______________________________

Medical or Specialty Society Membership:

Use additional pages, if necessary, for the following:

Do you have any physical disabilities or significant health problems? (Please explain) ____________

Have your hospital privileges ever been restricted, revoked, or suspended? (Please explain)

Has your license ever been revoked, restricted, or suspended? (Please explain)

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List all hospitals or medical schools with which you are currently affiliated:

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____

Have you had any drug, alcohol, or disciplinary problems? (Please explain)

____

Spine Cases ***per year*** as assistant (average number over the last 2 – 3 years):

Degenerative	______	Cervical	______
Trauma	______	Thoracic	______
Deformity	______	Lumbar	______
Pediatric	______		
Other	______		

Spine cases ***per year*** as primary surgeon (average number over the last 2-3 years):

Degenerative	______	Cervical	______
Trauma	______	Thoracic	______
Deformity	______	Lumbar	______
Pediatric	______		
Other	______		

Fluency with written English:
Excellent ______
Good ______
Fair ______
Poor ______
None ______

Fluency with Spoken English:
Excellent ______
Good ______
Fair ______
Poor ______
None ______

Number of prior trips to the United States: ______

Number of prior trips to Europe or Australia: ______

Please list any spine meetings or courses attended for education in the last three years:

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List any spine courses you have attended as faculty:

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Indicate your clinical interest:

Cervical	______	Tumor	______
Lumbar	______	Deformity	______
Degenerative	______	Pediatric	______
Trauma	______		

Other (specify): ________________________________

Describe in 200 words or less the clinical practice you anticipate between 2008 and 2010. Please include level of independence, location, types of patients, research, clinical activity, teaching, volume, etc.)

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I fully understand that any significant falsification in, or omissions from, this application may constitute cause for denial of appointment or may be cause for dismissal from the ESCOME program. All information submitted by me in this application is true to my best knowledge. I further understand that I will be interviewed on the telephone prior to acceptance into the ESCOME program.

By submitting this application, I hereby give ESCOME permission to contact government officials and others who may have pertinent information pertaining to my clinical practice, health status and practice performance. I also release from civil liability all those reviewing or providing information, including otherwise privileged or confidential information.

Signature____Date___________

To be filled in by foreign medical graduates:
Type of Visa____Expires_______________
Temporary/Permanent_____________________________________Date_______________
Instructions:
1) Complete two copies of application.
2) Attach a recent 7.5 cm x 7.5 cm photograph.
3) Letters of reference are required from **at least two but no more than three** persons. Include one from a person who has been most directly responsible for your training and one from a person who works closely with you. Please provide the names, addresses, phone number, and e-mails of those who you have asked to write in support of your application.

Name	Institution/Address	Phone #	E-mail

1.____

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2.____

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3. ____

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