



MASSACHUSETTS
GENERAL HOSPITAL

TRAUMA CENTER



HARVARD
MEDICAL SCHOOL

TESSCC RESEARCH FELLOWSHIP

Checklist for Initial Application:

- 1-Complete the enclosed TESSCC Application and attach current photo
- 2-Letter of intent (including goals, expectations of the program & financial support)
- 3-Copy of current CV (including months & years)
- 4-Two letters of recommendation on letterhead and signed (from the past 12 months)

Mail all the above to:

Division of Trauma, Emergency Surgery and Surgical Critical Care
Massachusetts General Hospital
165 Cambridge Street, Suite #810
Attention: Jamie Pambianchi

Or Email:

jpambianchi@partners.org

**Note on envelope or subject line of email "Trauma Research Fellowship"*

Next Deadline: September 1, 2012

The next round of start dates will be in January 2013 or July 2013. The Division Chief (Dr. George Velmahos) and the Director of the Trauma Laboratory (Dr. Hasan Alam) will meet in September 2012 to review all applications for the following year.

APPLICATION FORM

TRAUMA, EMERGENCY SERVICES AND SURGICAL CRITICAL CARE RESEARCH FELLOWSHIP

TO BE CONSIDERED AS A *POST DOCTORAL* RESEARCH FELLOW FOR 2013, THIS APPLICATION MUST BE RECEIVED BY 9/1/2012.

A. Demographic Information

Last Name First Name Middle

Home Address:

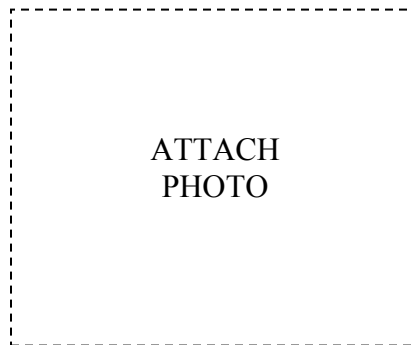
City State Zip Code

Country

Phone Number Email Address

Years of Experience of Post-Doctoral Training: 0-1 1-2 2-3 3-4 4-5 5+

USMLE Scores: Step 1 _____ Step 2 _____ Step 3 _____



B. Previous Education and Training

Please complete, including all of your post-baccalaureate (i.e., post-college) degree(s)

Highest Degree Earned	Field of Study	Year Earned	Institution Name and Location

Please note that the following questions are used for data-collection only and do not influence the selection process:

Gender: Male Female

Are you a U.S. Citizen or Permanent Resident/Green Card Holder?* Yes No

C. Previous Education and Training

Will you require a Visa? Yes No

If yes, check visa type that applies: J1 H1B Other _____

D. Financial Support

Will you be self-supported? Yes No

If Yes, please indicate SOURCE OF FUNDING: Personal Funds Intitutional Funds Other _____

E. Period Available

Earliest Start Date _____ End Date _____

F. Trauma Interest

Please describe in the space below what interests you have in our program and what you would like to achieve:

G. References

1.) _____
Full Name Position/Title Institution

2.) _____
Full Name Position/Title Institution