CHARLES H. NICHOLSON, M.D. FELLOWSHIP IN GENERAL SURGERY

Application for Clinical Tour for Surgical Residents

I hereby make Application for a Clinical Tour for Surgical Residents.

Name ____
(Last Name) (First Name) (Middle Name)

Residence ____
(Street number, City, State, Zip Code)

Date and Place of Birth ______________________________

Are you a Citizen of the USA or Canada? ______________________

If a Naturalized Citizen state where and when you were naturalized ______________

Date of Application ______________ Signature of Applicant ______________

We Vouch for ____

of ______________________ and recommend him/her to a Nicholson Clinical Tour.

Sponsored by ______________________

Approved by ______________________
(Chairman of Department)

Committee Record-Date Application Received ______________________

Action of Committee Recommended ______________________

Deferred ______________________

Not Recommended ______________________

Explanation Committee Action ______________________

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Secretary Signature

I SUBMIT THE FOLLOWING DATA CONCERNING MY EDUCATION AND SURGICAL TRAINING.

1. Premedical Education

_______________ From _________ To _________ Degree _________
(University or College)

_______________ From _________ To _________ Degree _________

_______________ From _________ To _________ Degree _________

2. Medical Education

_______________ From _________ To _________ Degree _________

_______________ From _________ To _________ Degree _________

3. Internship

_______________ From _________ To _________
(Hospital)

_______________ From _________ To _________

4. Training following Internship:

a. Residency or Fellowship:

_______________ From _________ To _________
(Hospital)

_______________ From _________ To _________

b. When will you complete your Surgical Training? _______________

c. If approved, at what time will you take the Tour? _______________

5. Other Professional Experience such as Basic Science, Private Practice, Investigative Work and any Special Awards.

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6. Please Attach Bibliography.