

The Timothy L. Stephens Jr., MD, Orthopaedic Fellowship program at University Hospitals Case Medical Center prepares highly qualified candidates for competitive orthopaedic residency programs and musculoskeletal scientist faculty appointments.

In addition to this completed application, candidates for the program are required to submit the following for consideration:

1. Official undergraduate & graduate school transcripts
2. A letter of recommendation from the dean of the applicant's medical school
3. A letter of recommendation from the chair of the applicant's medical school's department of orthopaedics
4. One additional letter of recommendation from a faculty member of the applicant's medical school
5. Resume or CV
6. Personal statement

PERSONAL INFORMATION					
Last Name		First Name			M.I.
Citizenship status		U.S. Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth			Social Security No.		
Race/Ethnicity	Asian/Pacific Islander <input type="checkbox"/>	Black or African-American (non-Hispanic) <input type="checkbox"/>		Caucasian (non-Hispanic) <input type="checkbox"/>	
Hispanic or Latino <input type="checkbox"/>	Native American/Alaskan Native <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>			
Current Address					
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone ( )		E-mail Address			
Permanent Address					
Street Address				Apartment/Unit #	
City		State		ZIP	

MEDICAL SCHOOL INFORMATION					
Medical School		Dates of Attendance		From	To
Degree			Date Expected		
USMLE Step 1 Scores					
Please list your research experience and attach copies of any published material.					
Project					
Institution		Dates		From	To
Project					
Institution		Dates		From	To
Project					
Institution		Dates		From	To

**Return completed application by fax or mail to:** Richard E. Grant, MD; Timothy L. Stephens Jr., MD, Orthopaedic Fellowship; University Hospitals Case Medical Center; 11100 Euclid Ave.; Cleveland, Ohio 44106; Phone: (216) 844-1118; Fax: (216) 844-5970

For more information or to apply online, visit [www.uhhospitals.org/stephensfellow](http://www.uhhospitals.org/stephensfellow).

UNDERGRADUATE ACADEMIC INFORMATION				
Undergraduate Institution				
Dates of Attendance	From	To	Major	
Degree		Date Granted/Expected		
Major is considered	Science <input type="checkbox"/>	Non-science <input type="checkbox"/>	Overall GPA	Science GPA
Please indicate which of the following courses you have taken. Check all that apply.				
Biochemistry <input type="checkbox"/>	Calculus <input type="checkbox"/>	Cell or Molecular Biology <input type="checkbox"/>	General Biology <input type="checkbox"/>	
Inorganic Chemistry <input type="checkbox"/>	Physical Chemistry <input type="checkbox"/>	Physics <input type="checkbox"/>	Organic Chemistry <input type="checkbox"/>	Statistics <input type="checkbox"/>
If you have taken the following standardized tests, please enter your best scores.				
SAT	ACT	GRE Verbal	Quantitative	Analytical

REFERENCES	
Please list contact information for the dean of your medical school and the chair of your medical school's department of orthopaedics as well as the one additional faculty member providing a letter of recommendation.	
Full Name	Title
Email	Phone (     )
Full Name	Title
Email	Phone (     )
Full Name	Title
Email	Phone (     )

PERSONAL STATEMENT
<p>On a separate attachment, please provide a personal statement including the following information:</p> <ul style="list-style-type: none"> <li>• Why did you apply for the Timothy L. Stephens Jr., MD, Orthopaedic Fellowship program?</li> <li>• What are your long-term goals?</li> <li>• How have you overcome the challenges you have faced in pursuing your academic and career goals?</li> </ul>

SIGNATURE
Signature _____ Date _____

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