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# Burn Fellowship Application

The ABA has created a common application for prospective fellows to use when applying to burn fellowships. Check with the burn center to which you are applying to see if the form will be accepted.

## Section 1: Personal Information

- Last Name: \_\_\_\_\_
- First Name: \_\_\_\_\_
- Middle Initial: \_\_\_\_\_
- Date of Birth (MM/DD/YYYY): \_\_\_\_\_
- Gender:  
 Male  Female  Non-binary  Prefer not to say  Other: \_\_\_\_\_
- Ethnicity: \_\_\_\_\_  
\_\_\_\_\_  Prefer not to say
- Race: \_\_\_\_\_  
\_\_\_\_\_  Prefer not to say
- Citizenship: \_\_\_\_\_
- Military Status:  
 Active  Veteran  None  Other: \_\_\_\_\_
- Visa Type and Status (if applicable): \_\_\_\_\_
- English Language Fluency:  
 Fluent  Conversational  Limited  Not at all



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## Section 2: Contact Information

- Address: \_\_\_\_\_
- City: \_\_\_\_\_
- State: \_\_\_\_\_
- Zip Code: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Home Phone: \_\_\_\_\_
- Work Phone: \_\_\_\_\_
- Mobile Phone: \_\_\_\_\_

## Section 3: Education and Training

### Undergraduate School

- Field of Study: \_\_\_\_\_
- Degree: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_

### Medical School

- Degree: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_

### Attended Graduate School

- Field of Study: \_\_\_\_\_
- Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_



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#### Internship

- Year: \_\_\_\_\_
- Program/Specialty: \_\_\_\_\_

#### Residency

- Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_
- Program/Specialty: \_\_\_\_\_

#### Fellowship

Completed another Fellowship  Yes  No

- Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_
- Specialty: \_\_\_\_\_

## Section 4: Exam Scores

#### USMLE

- Step 1 Score: \_\_\_\_\_
- Step 2 CK Score: \_\_\_\_\_
- Step 2 CS Score (if applicable): \_\_\_\_\_
- Step 3 Score: \_\_\_\_\_

#### ABSITE

- PGY-1 Percentile: \_\_\_\_\_
- PGY-2 Percentile: \_\_\_\_\_
- PGY-3 Percentile: \_\_\_\_\_
- PGY-4 Percentile: \_\_\_\_\_
- PGY-5 Percentile: \_\_\_\_\_



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## Section 5: Additional Qualifications

### Awards and Honors

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Specialties

- Board-Certified Specialty: \_\_\_\_\_
- Board-Eligible Specialty: \_\_\_\_\_
- Board-Certified Subspecialty: \_\_\_\_\_
- Board-Eligible Subspecialty: \_\_\_\_\_

### Professional Jobs

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Professional Societies

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Section 6: Medical Licensure

### Current Medical License

- State: \_\_\_\_\_ Year Issued: \_\_\_\_\_

### Active Medical License

- State: \_\_\_\_\_ Year Issued: \_\_\_\_\_



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## Section 7: Attestations

Please check “Yes” or “No” for each:

1. Has your state license or application ever been denied, suspended, or revoked?  
 Yes  No
2. Has your membership on a medical staff ever been denied, suspended, or revoked?  
 Yes  No
3. Has your State/Federal controlled substance license ever been denied, suspended, or revoked?  
 Yes  No
4. Have you ever been convicted of a felony?  
 Yes  No
5. Have you been found guilty of malpractice or negligence?  
 Yes  No

## Section 8: References

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I waive my right to view all letters of recommendation  Yes  No

## Section 9: Required Documents

Please submit the following directly to the program:

- Your professional photograph
- Your curriculum vitae
- Your personal statement
- Your USMLE scores
- Your ABSITE scores
- Any additional documents you wish to be considered



## Section 10: Qualifications for Fellowship Training

For each referee, please ensure the following request is included with their letter of recommendation:

**Percentile Rank:** *For each of the categories listed below, please assign a percentile rank based on your knowledge of the applicant's abilities in comparison to other candidates you have worked with.*

1. PATIENT CARE - Ability to develop differential diagnosis and cohesive treatment plan.  Top 1%  10 %  25%  50%
2. MEDICAL KNOWLEDGE - Level of general and surgical critical care medical knowledge.  Top 1%  10 %  25%  50%
3. PROFESSIONALISM - Quality of work ethic and willingness to assume responsibility.  Top 1%  10 %  25%  50%
4. INTERPERSONAL and COMMUNICATION SKILLS -Ability to interact with others.  Top 1%  10 %  25%  50%
5. TEAMWORK - Ability to work with a team.  Top 1%  10 %  25%  50%
6. PROCEDURAL SKILLS - Ability to perform surgical procedures.  Top 1%  10 %  25%  50%
7. RESEARCH - Ability to identify a question and to formulate and execute a cogent research plan.  Top 1%  10 %  25%  50%
8. INITIATIVE and DRIVE - Ability to stay oriented to a goal and see tasks to completion.  Top 1%  10 %  25%  50%
9. LEADERSHIP - Potential for leadership in surgical critical care or acute care surgery.  Top 1%  10 %  25%  50%

### Global Assessment:

1. COMMITMENT to SCC/ACS - Thoughtfulness in choosing his or her career path.  Top 1%  10 %  25%  50%
2. COMMITMENT to ACADEMICS - Likelihood of pursuing an academic/research career.  Top 1%  10 %  25%  50%
3. OVERALL RANKING - Compared to other applicants, this applicant is in the:  Top 1%  10 %  25%  50%