

# Surgical Critical Care/ Acute Care Surgery Fellowship Application



Hartford Hospital  
80 Seymour Street  
P.O. Box 5037  
Hartford, Connecticut 06102

**PLEASE SELECT ONE**

- SCC (1 year)
- SCC/ACS (2 years)
- ACS only (must have previous SCC training)

**APPLICATION MUST BE TYPED**

Applying for ACADEMIC YEAR \_\_\_\_\_ - \_\_\_\_\_

**1. APPLICANT INFORMATION**

NAME: Last Name First	Country or Citizenship:	Social Security Number:
Present Mailing Address:	Date of Birth:	Marital Status:
Telephone:	Place of Birth:	# of Dependents:
FAX:	Gender:	Military Status:
Email:		
Beeper:		

**2. EDUCATION – COLLEGE, UNIVERSITIES AND MEDICAL SCHOOLS**

Schools and Addresses	Years (from – to)	Degree

**3. HOSPITALS WHERE INTERSHIP, RESIDENCY, FELLOWSHIP TAKEN (indicate which)**

Hospitals and Address	Type of Service	Years (from – to)	# of Months

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**4. OTHER MEDICAL EXPERIENCE**

Position	Place	Dates (inclusive)

**5. FOREIGN MEDICAL GRADUATES**

*For Graduates of Medical Schools outside the USA, Puerto Rico and Canada*

Certificate number: \_\_\_\_\_ Score: \_\_\_\_\_

**Visa Type, Number and Expiration Date:**

Visa type: \_\_\_\_\_ Visa #: \_\_\_\_\_ Visa Exp Date: \_\_\_\_\_

Attach a photocopy of the letter that provides proof of certification by ECFMG: submission of your ECFMG certificate is required for appointment.

**6. LIST HONORS, AWARDS, AND PUBLICATIONS (use separate sheet if necessary)**

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**7. REFERENCES: LIST THREE NAMES, TITLES, ADDRESSES AND PHONE NUMBERS**

Name	Address	Email	Title	Phone
1)				
2)				
3)				

**8. STATE YOUR GOALS IN CRITICAL CARE/ACUTE CARE SURGERY**

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**9. REFER TO ANY HEALTH CONDITIONS YOU HAVE WHICH MIGHT AFFECT CAREER DECISION**

**10. LICENSURE**

License to practice in State of: \_\_\_\_\_ License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**11. Have you ever been on probation and/or suspended from a prior program:**  Yes or  No  
**If yes, please explain.**

**12. NRMP:** I  am  am not - enrolled in the NRMP Match

**13. PLEASE FORWARD THIS FORM AND ALL OTHER CORRESPONDENCE TO:**

For SCC/ACS:

Jonathan D. Gates, MD, MBA, FACS  
Chief of Surgery  
Program Director, Surgical Critical Care & Acute Care Surgical Fellowship  
Hartford Hospital  
Conklin Building - CB 136  
80 Seymour Street  
Hartford, CT 06102-5037  
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Email: [Jonathan.Gates@hhchealth.org](mailto:Jonathan.Gates@hhchealth.org)

PHOTO

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Signature of Applicant

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Date