

FREDERICK A. COLLER SURGICAL SOCIETY



APPLICATION FOR CLINICAL TOUR FOR SURGICAL RESIDENTS

TO THE COUNCEL OF THE FREDERICK A. COLLER SURGICAL SOCIETY

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

Name _____ Age _____
(Print) (Last Name) (First Name) (Middle Name)

Residence _____ Telephone _____
(Street number, City, State, Zip Code)

Date and Place of Birth _____

Are you a Citizen of the United States of America or Canada? _____

If a Naturalized Citizen state where and when you were Naturalized _____

Date of Application _____ Signature of Applicant _____ M.D.

TO THE COUNCEL OF THE FREDERICK A. COLLER SURGICAL SOCIETY

We Vouch for _____ M.D.

of _____ and recommend him/her to a Coller Society Clinical Tour.

Sponsored by _____

Approved by _____

(Chairman of Department)

Committee Record-Date Application Received _____

Recommended _____

Action of Committee _____ Deferred _____

Not Recommended _____

Explanation Committee Action _____

(Signed) _____

(Secretary)

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

1. Premedical Education:

_____ from _____ to _____ Degree _____
(University or College) (Month, Year) (Month, Year)

_____ from _____ to _____ Degree _____

2. Medical Education:

_____ from _____ to _____ Degree _____

_____ from _____ to _____ Degree _____

3. Internship:

_____ from _____ to _____
(Hospital)

4. Training following Internship:

a. Residency or Fellowship:

_____ from _____ to _____

_____ from _____ to _____

_____ 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.

6. Please Attach Bibliography.