

FREDERICK A. COLLER SURGICAL SOCIETY



APPLICATION FOR COLLER TRAVELING FELLOWSHIP FOR SURGICAL RESIDENTS

TO THE COUNCEL OF THE FREDERICK A. COLLER SURGICAL SOCIETY

I Hereby make Application for a COLLER TRAVELING FELLOWSHIP 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 Traveling Felllowsip.

Sponsored by \_\_\_\_\_

Approved by \_\_\_\_\_

(Chairman of Department)

Committee Record-Date Application Received \_\_\_\_\_

Action of Committee \_\_\_\_\_ Recommended \_\_\_\_\_

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 Traveling Fellowship? \_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_

6. Please Attach Bibliography.