

ST. LUKE'S HOSPITAL – ALLENTOWN CAMPUS

LIMB PRESERVATION FELLOWSHIP APPLICATION

PLEASE COMPLETE ALL AREAS:

Name: _____ DOB: _____ Social Security #: _____

Preferred Mailing Address:

Street: _____ City: _____ State: _____ Zip: _____

Cell: _____ E-mail: _____

Name of Emergency Contact Person: _____ Relationship: _____

Email: _____ Cell: _____

EDUCATION:

College: _____ Graduation Date/Degree: _____

College of Podiatric Medicine: _____ Graduation Date/Degree: _____

Final Graduating GPA: _____

Residency Type: _____

Residency Location: _____

Dates: _____ to _____.

The number of cases you've assisted in during your residency (prior exposure to plastic cases is not a pre-requisite for this program but can help us understand how much basic didactic / manual skills preparation will need to occur the first month of the fellowship for each individual)

_____ split thickness skin grafts
_____ fasciocutaneous / muscle / propeller flaps
_____ microvascular free flaps

Program Director: _____ Email address: _____

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PERSONAL STATEMENT:

A brief (no more than 300 words) description of why a fellowship with an emphasis in plastic surgical techniques will be essential for your career.

ACHIEVEMENTS/AWARDS: Please list all applicable

Are you able to perform the essential functions of the position for which you are applying?

_____ Yes _____ No

If no, please describe in detail. _____

Citizenship: _____

Visa Type, Number, and Expiration date (if applicable): _____

Signature: _____

Date: _____

Please forward application, personal statement, CV and residency rotations to:

Maggie Keefer, Fellowship Program Specialist at Maggie.Keefer@sluhn.org