



WTS



Women in Thoracic Surgery

Application for the WTS International Traveling Fellowship

Applications consist of the following items, in this order, submitted as a single PDF document to molenad@mskcc.org:

1. Application Form
2. Essay of no more than 500 words stating how the applicant fulfills the requirements, her reason for applying for the fellowship and the proposed itinerary during her stay in the USA. The proposed plan should include the Institution the candidate wishes to visit and the reason why that Institution will enhance her professional career. A list of WTS members who are available to serve as potential hosts can be found at <http://wtsnet.org/wts-international-fellowship>.
3. A current curriculum vitae up to 10 pages in length, including medical school, postdoctoral education, and past hospital appointments and complete bibliography.
4. One letter of reference from the department chair. The letter should include an overall evaluation of the applicant, including assessment of the applicant's performance in various positions occupied. The applicant's ability to satisfy the criteria of the fellowship requirements should be specifically addressed.
5. A detailed budget including all proposed travel and housing expenses.

1. APPLICANT

Name E-mail

Address

Telephone () Fax ()

Title

Present Academic Position Institution

Specialty

Birth Date (mm/dd/yy) Birthplace Citizenship

2. EDUCATION

Year

Senior (Chief) Residency

Institution

City

State/Province

3. PRESENT HOSPITAL APPOINTMENT

Primary

Name of Hospital

City and State/Province

Surgical Staff Position

From (Specify Month and Year)

Other

4. SPECIALTY CERTIFICATION DESIGNATION

Name of Specialty (Board)

Date of Specialty Certification

5. REFERENCES

One letter of reference from the department chair is required. The letter should include an overall evaluation of the applicant, including assessment of the applicant's performance in various positions occupied. The applicant's ability to satisfy the criteria of the fellowship requirements should be specifically addressed.

Name

Title *Chair, Department of Surgery*

Institution

6. PROPOSAL

The applicant must select up to 3 proposals, including the name of the institution, the city and state, and the mentor they wish to visit. The applicant must indicate whether they have contacted their desired mentor.

Institution

City, State

Mentor

Contact? (Y/N)