

SOCIETY OF UROLOGIC ONCOLOGY **FELLOWSHIP APPLICATION**

Application Checklist for Applicants

- **This form is intended for application to a Society of Urologic Oncology Accredited Fellowship**
- **The applicant should complete pages 2 through 7.**
- **Pages 8 through 9 should be completed by your listed references and included with a formal letter of reference.**
- **Mail this application along with an updated CV and three letters of reference to the Program Director of those SUO sites you would like to interview with.**
- **A complete list of SUO Fellowship Accredited Sites including the name of that sites Program Director can be found on the SUO website (www.suonet.org) under the “Fellowship” tab.**

SOCIETY OF UROLOGIC ONCOLOGY
FELLOWSHIP APPLICATION FORM

General Applicant Information

LAST NAME	FIRST	MIDDLE
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UROLOGY TRAINING PROGRAM	YEAR OF RESIDENCY TRAINING
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WORK ADDRESS	CITY	STATE	ZIP CODE
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WORK PHONE (WITH AREA CODE)	FAX NUMBER	E-MAIL ADDRESS	PAGER #
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HOME ADDRESS	CITY	STATE	ZIP CODE
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DATE OF BIRTH	CITIZENSHIP
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(If you are a non-US citizen, you must provide a notarized copy of your “green card or visa”.)

USMLE & UROLOGY BOARD CERTIFICATION STATUS

EXAM	DATES TAKEN	PASSED	SCORE
USMLE STEP I	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
USMLE STEP II	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
USMLE STEP III	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
UROLOGY BOARDS, PART I	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT YET TAKEN	

APPLICANT SIGNATURE	DATE
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UNDERGRADUATE EDUCATION

UNDERGRADUATE COLLEGE	CITY	STATE	DATES ATTENDED
HONORS/AWARDS			
HONORS/AWARDS			
HONORS/AWARDS			

MEDICAL SCHOOL

INSTITUTION	CITY	STATE	DATES ATTENDED
HONORS/AWARDS			
HONORS/AWARDS			
HONORS/AWARDS			

INSTITUTION	CITY	STATE	DATES ATTENDED
HONORS/AWARDS			
HONORS/AWARDS			
HONORS/AWARDS			

UROLOGICAL TRAINING

	Institution	Year of training (e.g. 2007-2008)

PG1	_____	
PG2	_____	
PG3	_____	
PG4	_____	
PG5	_____	
PG6	_____	

FELLOWSHIPS (List all Fellowships)

Institution	Specialty	Year(s) of training (e.g. 2007-2008)
<hr/>		
<hr/>		
<hr/>		

COMMITTEES (Please list all student and faculty committees on which you have served)

Committee	Institution	Dates served	Duties
<hr/>			
<hr/>			
<hr/>			

WORK EXPERIENCE:

Attach your curriculum vitae – including publications and abstracts.

RESEARCH EXPERIENCE

Describe your previous research experience, include any previous funding you have received, grants pending, manuscripts in preparation and pending submissions

PERSONAL STATEMENT

Describe your decision to pursue a fellowship in Urologic Oncology. Please describe research and clinical goals. Also describe your proposed future employment plans, i.e. academic urologist, private practice urologist, primary lab based, primarily clinically based, etc...

REFERENCES

The Society of Urologic Oncology requires that all applicants submit at least 3 letters of references, **one of which must be from the Chairman of Urology at your current program.**

1) REFERENCE (Urology Program Chairman)

NAME AND TITLE

INSTITUTION

ADDRESS & PHONE

2) REFERENCE

NAME AND TITLE

INSTITUTION

ADDRESS & PHONE

3) REFERENCE

NAME AND TITLE

INSTITUTION

ADDRESS & PHONE

SOCIETY OF UROLOGIC ONCOLOGY FELLOWSHIP CONFIDENTIAL
REFERENCE REPORT

TOP SECTION OF PAGE TO BE COMPLETED BY THE APPLICANT BEFORE PRESENTING TO THE REFERENCE

Under the provisions of the Family Education Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.

- I hereby waive my right of access to this recommendation. _____
SIGNATURE OF APPLICANT DATE
- I do not waive my right of access to this recommendation. _____
SIGNATURE OF APPLICANT DATE

NAME INSTITUTION

TITLE TELEPHONE NUMBER

APPLICANT'S NAME TELEPHONE NUMBER

ADDRESS CITY STATE ZIP

THIS SECTION TO BE COMPLETED BY REFERENCE

Please indicate in the space below the period of time which you have known the applicant and in what capacity. Elaborate on the applicant's performance on which you base your assessment above. Please cite specific illustration of the applicant's performance. Feel free to use a standard letter of recommendation format. Attach additional sheet if necessary. Kindly send your letter of recommendation and reference report to:

Please rate the applicant by circling the following number most appropriate that represents your opinion of the applicant:

	Unable to assess	Poor	Fair	Good	Excellent	Outstanding
Motivation	<input type="checkbox"/>	1	2	3	4	5
Initiative	<input type="checkbox"/>	1	2	3	4	5
Ability to meet deadlines	<input type="checkbox"/>	1	2	3	4	5
Maturity	<input type="checkbox"/>	1	2	3	4	5
Clinical Skills	<input type="checkbox"/>	1	2	3	4	5
Interpersonal Skills	<input type="checkbox"/>	1	2	3	4	5
Demonstrated skill at Research	<input type="checkbox"/>	1	2	3	4	5
Integrity	<input type="checkbox"/>	1	2	3	4	5
Judgment	<input type="checkbox"/>	1	2	3	4	5
Intellectual Ability	<input type="checkbox"/>	1	2	3	4	5
Originality	<input type="checkbox"/>	1	2	3	4	5
Communication	<input type="checkbox"/>	1	2	3	4	5
Industry	<input type="checkbox"/>	1	2	3	4	5
Overall Evaluation	<input type="checkbox"/>	1	2	3	4	5

SIGNATURE OF REFERENCE

DATE