

FREDERICK A. COLLER SURGICAL SOCIETY



APPLICATION FOR COLLER TRAVELING FELLOWSHIP FOR SURGICAL RESIDENTS

I hereby make application for a Frederick A. Coller Traveling Fellowship:

_____	_____	_____	_____
Last Name	First Name	Middle Name	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____		
Telephone	Email Address		

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: _____

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

TO THE COUNCIL OF THE FREDERICK A. COLLER SURGICAL SOCIETY

We vouch for _____, M.D., of _____
and recommend him/her to a Coller Traveling Fellowship.

Sponsored by: _____	_____
Coller Society Member Signature	Date

Approved by: _____	_____
Chairman of Department Signature	Date

Committee Record-Date Application Received _____

Action of Committee _____	Recommended _____
	Deferred _____
	Not Recommended _____

Explanation of Committee Action

Signature _____

Secretary

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

1. Premedical education:

UNIVERSITY OR COLLEGE	MONTH/YEAR	MONTH/YEAR	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____

2. Medical education:

	MONTH/YEAR	MONTH/YEAR	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____

3. Internship:

HOSPITAL	MONTH/YEAR	MONTH/YEAR
_____	_____	_____

4. Training following Internship

a. Residency or Fellowship

	MONTH/YEAR	MONTH/YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

6. Please attach Bibliography.

7. Please include sponsorship letter from a Coller Society Member.