

Benjamin Fox Orthopedic Research Scholar Application

Please insert a typed response to each question. You may submit the application by e-mail to John M. Flynn, MD at flynnj@email.chop.edu. An application checklist may be found at the end of this application. **The deadline for the application is February 4, 2018. However, we recommend submitting the application as soon as possible, as applications will be considered on a rolling basis.**

Applicant Information

First Name:

Middle Name:

Last Name:

Sex: Male Female

Date of Birth (MM/DD/YYYY):

Degree(s):

Contact Information

Address:

Phone:

E-mail:

U.S Citizen or Permanent Resident: Yes No

Education

Undergraduate:

Name of Undergraduate Institution:

Undergraduate GPA:

MCAT Score:

City/State:

Dates Attended:

Degree:

Major(s):

Minor(s):

Additional Post-graduate Work (e.g. MPH, MS, MBA, etc.)

Graduate Institution:

City/State:

Dates Attended:

Degree:

Field of Study:

Medical School:

Name of Medical School:

City/State:

Current Year of Medical School:

Medical School GPA:

Start Date of 3rd or 4th Year of Medical School (MM/YYYY):

USMLE Step 1

Date:

Score:

Research Experience

Have you had past experience in clinical research: Yes No

If you answered “yes” to the question above, please describe your work (*Please limit your response to 500 words*):

Career Plans

Please describe your ultimate career plans (i.e. specialty, academic vs. private, etc.) (*Please limit your response to 500 words*):

Clinical Research Interest

Why you are interested in doing a year of clinical research in Orthopedic Surgery at The Children's Hospital of Philadelphia? *(Please limit your response to 750 words)*

Additional Requirements and Information:

- Medical school transcripts:
 - Att: John M Flynn MD
Orthopaedic Surgery
2nd Floor Wood Center
34th and Civic Center Blvd, Philadelphia PA 19104
- One (1) letter of recommendation:
 - Please have recommendations sent **directly to Dr. Flynn** at flynnj@email.chop.edu
- CV in a separate document
- PDF of STEP 1 Score

Application Checklist:

- Have you completed all sections of the application clearly and accurately?
- Have you submitted one (1) letter of recommendation?
- Have you submitted your medical school transcript?
- Have you included your typed CV as a separate document?
- Have you included your STEP 1 score?

Please return your full application to flynnj@email.chop.edu by **February 4, 2018**.

- I certify that I have provided accurate information in this application, that the writing samples and other materials submitted as my own are indeed my original work, and I authorize the verification of my credentials for admission. Accordingly, I understand and agree that any misrepresentation or omission of facts in my application will justify the denial or the rescission of admission.

Applicant Signature:

Date: