One year Fellowship
starting August 20 _____ .

FLORIDA ORTHOPAEDIC INSTITUTE

PHOTO

FELLOWSHIP APPLICATION

DATE

❑ M.D. ❑ D.O.

NAME

SOCIAL SECURITY NUMBER

ADDRESS

CITIZENSHIP

CITY STATE ZIP

PLACE OF BIRTH DATE OF BIRTH

( ) ( )

BUSINESS PHONE HOME PHONE

TYPE OF VISA

NAME OF SPOUSE # OF CHILDREN AGES

If foreign graduate, ECFMG Certificate #

E-MAIL ADDRESS

Please include CV and three letters of recommendation with application. List references below

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY / STATE / ZIP	CITY / STATE / ZIP	CITY / STATE / ZIP
TELEPHONE	TELEPHONE	TELEPHONE

ATTESTATION

Note: If "Yes" is checked, please explain fully on a separate sheet. Documentation is required if you have malpractice claims pending or settled in the past five (5) years. Include any settlements/adjustments, original complaint and final disposition. Your signed statement regarding the alleged incident will suffice for pending cases.

1. **Health Status:** Do you currently have any physical, mental or emotional condition which may impair your ability to render the professional services which are subject of this application? ❑ YES ❑ NO

2. **Drugs/Alcohol:** Do you currently use illegal drugs or abuse drugs or alcohol? ❑ YES ❑ NO

3. **License:** Has your medical or professional license in any state ever been revoked, suspended, placed on probation, conditional status or limited? ❑ YES ❑ NO

    a. Have you ever voluntarily surrendered your license? ❑ YES ❑ NO

    b. Have any disciplanary actions been taken, or are any pending against you, by any state licensure Board? ❑ YES ❑ NO

4. **DEA:** Has your DEA Number ever been suspended, revoked, subjected to probation, placed on conditional status or limited? ❑ YES ❑ NO

5. **Criminal Offenses:** Have you ever been convicted of a felony or involved in charges relating to moral or ethical turpitude? ❑ YES ❑ NO

    a. Have you ever been named as a defendant in any criminal proceeding? ❑ YES ❑ NO

6. **Disciplinary Actions:** Have you ever been the subject of disciplinary proceedings by any professional association or organization (e.g. state licensing board, medical school, state, hospital, etc.)? ❑ YES ❑ NO

    a. Have you ever been the subject of disciplinary proceedings or investigations at any hospital or healthcare facility? ❑ YES ❑ NO

7. **Malpractice Action:** Have you ever been named or have any malpractice action(s) been brought or settled against you in the last 5 years? ❑ YES ❑ NO

    a. To your knowledge, is any malpractice action currently pending against you? ❑ YES ❑ NO

I hereby attest that all the information in this application is warranted to be true, correct and complete.

NAME (PLEASE PRINT)

SIGNATURE DATE

Please select specialty for Fellowship.

❑ **Trauma**
Roy Sanders, M.D.

❑ **Foot & Ankle**
Arthur Walling, M.D.
Michael Clare, M.D.

❑ **Adult Reconstruction**
Kenneth Gustke, M.D.
Thomas Bernasek, M.D.
Steven Lyons, M.D.
Michael Miranda, D.O.

❑ **Spine**
James Billys M.D.

❑ **Shoulder & Elbow**
Mark Frankle, M.D.
Mark Mighell, M.D.

❑ **Hand**
Alfred Hess, M.D.

Please send application, CV, 5-year claims history and three letters of recommendation to the attention of:

Dawne Philip
Florida Orthopaedic Institute
5 Tampa General Circle, Suite 710
Tampa, Florida 33606