



Hurley Medical Center
Graduate Medical Education
One Hurley Plaza, 10W
Flint, Michigan 48503
(810) 257-9319



Hurley Trauma (and Trauma Research) Fellowship Application – Instructions

To apply to a Trauma Fellowship at Hurley Medical Center in Flint, Michigan, please complete the **Hurley Trauma (or Research Trauma) Fellowship Application** (attached), then follow the instructions below.

Send the following to the attention of Program Director Michael McCann DO at Hurley Medical Center, 7B Trauma Services, One Hurley Plaza, Flint MI 48503:

- Completed Hurley Trauma (or Research Trauma) Fellowship Application
- Passport-size photo (2x2 inches)
- Letter of interest
- Curriculum vitae
- 3 letters of recommendation (Per application instructions – ask that your referrals be sent directly to Hurley.)

Questions? Contact us at:

Hurley Medical Center
One Hurley Plaza
7B Trauma Services Dept
Flint, MI 48503-5993
PTippet1@hurleymc.com
810-262-9355

Visit us at:

- Trauma Fellowship web page:
<http://education.hurleymc.com/gme/residencies-and-fellowships/trauma/>
- Hurley Graduate Medical Education Blog:
<http://education.hurleymc.com/gme/blog/>
- Hurley Graduate Medical Education Facebook Page:
<https://www.facebook.com/HurleyGME>
- Hurley Medical Center website:
<http://www.hurleymc.com/>



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Trauma (and Advanced Trauma) Fellowship Application

This application is for (Select one):

☐ Trauma Surgery Fellowship

☐ Trauma Research Fellowship

Full Name: _____
Last First Middle

Present Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Permanent Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Social Security No: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Month Day Year

Are you a citizen of the United States? ☐ Yes ☐ No

If no, visa status:

When do you wish to begin your training? Month: _____ Year: _____

Education

List all undergraduate, graduate and medical school education in chronological order.

Institution	Location/State	Date of Attendance	Degree & Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Training

List all previous postgraduate training/experience, in chronological order.

Institution	Location/State	Date of Attendance	Degree & Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Other Experience

If your training has not been continuous since graduation from medical school, please provide an explanation.

How did you hear about us?

Examinations

Please submit the following documents:

- | | |
|--|--|
| <input type="checkbox"/> USMLE Step 1 | <input type="checkbox"/> Personal Statement |
| <input type="checkbox"/> USMLE Step 2 (Clinical Knowledge) | <input type="checkbox"/> Medical School Graduation Certificate |
| <input type="checkbox"/> USMLE Step 2 (Clinical Skills) | <input type="checkbox"/> ECFMG Certificate, If Applicable |
| <input type="checkbox"/> USMLE Step 3 | |

Licensing Information

Do you have a current medical license? ☐ Yes ☐ No State(s) _____

Do you have a current controlled substance license? ☐ Yes ☐ No # _____

References

Please contact the individuals listed below and ask them to forward a reference directly to the Graduate Medical Education Office.

Name/Title

Address

Dean _____

1. _____

2. _____

3. _____

Disclaimer and Signature

- ☐ I certify that my answers are true and complete to the best of my knowledge.
- ☐ If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____