

**UNIVERSITY OF CALIFORNIA, DAVIS
SCHOOL OF MEDICINE**

APPLICATION FOR FELLOWSHIP POSITION IN TRAUMA/SURGICAL CRITICAL CARE
Academic Year _____

To apply, please e-mail your [application form](#), *curriculum vitae*, passport size photo, and letter of intent to lawwilliams@ucdavis.edu, and have three letters of recommendation forwarded to:

Christine S. Cocanour, MD, FACS, FCCM
Program Director, Surgical Critical Care Fellowship
UCDMC Division of Trauma & Acute Care Surgery
2315 Stockton Blvd, Room 4206
Sacramento, CA 95818

NAME (Last, First, Middle)					
PERMANENT MAILING ADDRESS (Number, Street, City, State, ZIP)			TELEPHONE HOME		
			TELEPHONE WORK		
CURRENT MAILING ADDRESS (Number, Street, City, State, ZIP)			TELEPHONE MOBILE		
			FACSIMILE		
EMAIL ADDRESS					
BIRTHDATE	BIRTH PLACE	CITIZENSHIP		SEX	
CURRENT POSITION			LOCATION		
MEDICAL LICENSURE (Please complete, do not refer to CV)					
State		Number		Expires	
State		Number		Expires	
ATLS CERTIFICATION		YES	NO	Expires	
TRAINING			DATES ATTENDED		DEGREE/TYPE/SPECIALTY
TYPE	SCHOOL/HOSPITAL	LOCATION	FROM	TO	
UNDERGRADUATE					
GRADUATE					
MEDICAL					

INTERNSHIP					
RESIDENCY					
FELLOWSHIP					
MILITARY SERVICE	BRANCH	SPECIALTY	RANK	DATES OF SERVICE	
	RESERVES?	NATIONAL GUARD?			
OTHER PROFESSIONAL OR SCIENTIFIC EXPERIENCE (with dates)					
PROFESSIONAL ACHIEVEMENTS (Honors and wards, professional and scientific societies)					
DESCRIBE YOUR CAREER GOALS					
PROFESSIONAL REFERENCES: Please ask three individuals to send letters of reference directly to Christine Cocanour, MD					
NAME		TITLE		ADDRESS	
SIGNATURE				DATE	

Instructions:

1. E-mail this application to:

cscocanour@ucdavis.edu

OR

Mail or fax this application to:

Lois Williams

Program Coordinator

UCD Surgical Critical Care Fellowship

2315 Stockton Blvd., Suite OP512

Sacramento, CA 95817

Fax: 916 734-5638

