

**THE TEXAS HIP AND KNEE CENTER, L.L.P.**  
**ADULT RECONSTRUCTION FELLOWSHIP APPLICATION**

750 Eight Avenue, Suite 400, Fort Worth, Texas 76104  
817-877-3432 or 800-356-4732

NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER (S) \_\_\_\_\_

**PREMEDICAL and MEDICAL PREPARATION**

NAME OF INSTITUTION, CITY	DEGREE(S)	DATES ATTENDED	HONORS OR STANDING IF KNOWN
---------------------------	-----------	----------------	-----------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PREVIOUS INTERNSHIP, RESIDENCY, or FELLOWSHIP EXPERIENCE, If Any**

NAME OF HOSPITAL, CITY	DATES	TYPE OF SERVICE
------------------------	-------	-----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

**NATIONAL BOARD EXAMINATIONS**

Part I: Date \_\_\_\_\_ Score \_\_\_\_\_

Part II: Date \_\_\_\_\_ Score \_\_\_\_\_

Part III: Date \_\_\_\_\_ Score \_\_\_\_\_

**CURRENT RESEARCH INTERESTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASONS WHY YOU ARE INTERESTED IN THIS FELLOWSHIP: *(Use separate sheet if necessary)*

---

---

---

---

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE OF TAKING AN EXAMINATION BY ANY LICENSING AUTHORITY ?

YES \_\_\_\_\_ NO \_\_\_\_\_ *If yes, attach a detailed explanation.*

PUBLICATIONS, IF ANY:

---

---

---

---

LETTERS OF RECOMMENDATION WILL BE SENT BY:

1.

---

---

2.

---

---

3.

---

---

**PLEASE ATTACH A RECENT PHOTO**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date