

Application Form

Trauma Research Fellowship Program
Attn: Elisabeth Carter
North Carolina Jaycee Burn Center
Department of Surgery
101 Manning Drive CB 7600
Chapel Hill NC 27514-7600

Name

Last	
First	
Middle	

Addresses

Home	
Office	

Telephone

Home	
Office	
Mobile	

Other

Email address	
Date of Birth	
Citizenship	

Dates of Fellowship Desired

Start	
End	

Career Goals and Interests in Trauma

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Three letters of reference are required. The responsibility for securing letters of reference rests with the applicant and all letters of reference should be forwarded directly to Bruce A. Cairns, MD, at the address above. Please list the names and affiliations of the three individuals from whom we may expect letters of reference.

1.	
2.	
3.	

Please return this form to the address above along with:

1. Current curriculum vitae
2. Personal statement addressing career interests

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