

DISEASE-ORIENTED CLINICAL SCHOLARS (DOCS) PROGRAM
 THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS
 Southwestern Medical School

PLEASE TYPE RESPONSES

Return completed application and documentation to:
 pamela.munoz@utsouthwestern.edu

DOCS Program
 C/O Helen H. Hobbs, M.D.
 Professor, Internal Medicine and Molecular Genetics
 5323 Harry Hines Blvd.
 Dallas, Texas 75390-9046

 Date this form completed

PERSONAL DATA

 Last Name First Name Middle Initial

Permanent Address:

 City State Zip Code

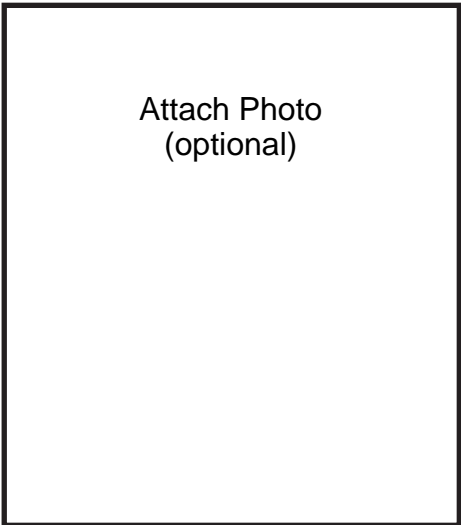
 Mobile Telephone Work Telephone

 E-mail Address

 Place of Birth Date of Birth

 Country of Citizenship

If not US, what is your visa status: Permanent Resident _____ J1: _____ H1: _____ Other: _____
 Issue Date: _____ Expiration Date: _____



 Current Position

 Nominating Chairperson Clinical Fellowship Director

EDUCATION	NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	DEGREE AWARDED
College				
Medical School				
Graduate School				

POSTGRADUATE TRAINING	NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	TYPE OF TRAINING
Internship				
Residency				

RESEARCH EXPERIENCES: *Please provide time interval (include months and year), subject of research, mentor, and institution.*

PUBLICATIONS: *List top three. Include all authors (up to 10) and the senior author plus full title, journal reference, and year.*

HONORS and AWARDS

Attach a separate page if necessary; DO NOT write "see C.V."

RESEARCH PROPOSAL: Provide a research statement as a separate document (font size: 11pt). In this document, please summarize your pertinent research experience, provide any preliminary data, and then describe your future research plans. A format using Specific Aims works well, but is not required.

OTHER INTERESTS

REFERENCES: Three original letters of recommendation are required.

Name

Position/Title

Name

Position/Title

Name

Position/Title

Signature

Date