

**Trinity Health Ann Arbor  
Cardiothoracic PA Fellowship Program**

**E-mail Application To:**  
CT.Fellowship@Trinity-Health.org

ATTACH  
PHOTO HERE

**Surgical Track**  
 (CTPA)      **Critical Care Track**  
 (CTCC)

**Desired Start Date:** Month \_\_\_\_\_ Year \_\_\_\_\_

**Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Maiden \_\_\_\_\_

Social Security: XXX - XX - \_\_\_\_\_ Email: \_\_\_\_\_

**Current Address:**

Street \_\_\_\_\_

City / State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Permanent Address (if different from Current Address):**

Street \_\_\_\_\_

City / State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female

**PA Program Attended /Attending:** \_\_\_\_\_

**Address:** \_\_\_\_\_

City / State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Graduation (Month / Year): \_\_\_\_\_ Degree: \_\_\_\_\_

**Undergraduate College** \_\_\_\_\_

Degree Obtained \_\_\_\_\_ Major \_\_\_\_\_ Graduation Year \_\_\_\_\_

(please complete other side)

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Application for Cardiothoracic PA Fellowship**

Do you currently hold a PA license in any state?  No  Yes: State(s) \_\_\_\_\_

Please list past medical experience, either as employment or as a volunteer:

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Position	Location	Dates
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Position	Location	Dates
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Position	Location	Dates
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Position	Location	Dates
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Were you ever required to leave any college, graduate or professional school or ever denied readmission because of deficiencies in either conduct or scholarship?  No  Yes (Explain below)

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Have you ever been convicted of a felony in any state, or had a professional license revoked?  
 No  Yes

**Letters of Recommendation**

Please provide the names of three people who will be sending recommendation letters on your behalf.  
(Note: one must be from a PA Program faculty member if you are a recent or current PA student.)

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Name	Title / Position	Daytime Phone Number
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Name	Title / Position	Daytime Phone Number
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Name	Title / Position	Daytime Phone Number
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**Personal Statement**

Please submit a one-page essay describing your career goals and source of interest in cardiothoracic surgery.

**Attestation**

*I certify that the information in this application is complete and correct to the best of my knowledge and belief.*

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Signature of Applicant	Date
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It is the policy of the Fellowship Program not to discriminate on the basis of race, gender, religion or sexual orientation in admissions or employment. It is the Program's intent to comply with all applicable statutes and regulations.