

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

ATTACH  
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**E-mail Application To:**

CT.Fellowship@Trinity-Health.org

☐ **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)

**Page 2. Trinity Health Ann Arbor Hospital  
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:

<i>Position</i>	<i>Location</i>	<i>Dates</i>
<i>Position</i>	<i>Location</i>	<i>Dates</i>
<i>Position</i>	<i>Location</i>	<i>Dates</i>
<i>Position</i>	<i>Location</i>	<i>Dates</i>

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.)

<i>Name</i>	<i>Title / Position</i>	<i>Daytime Phone Number</i>
<i>Name</i>	<i>Title / Position</i>	<i>Daytime Phone Number</i>
<i>Name</i>	<i>Title / Position</i>	<i>Daytime Phone Number</i>

### 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.*

<i>Signature of Applicant</i>	<i>Date</i>
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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.