UT Southwestern
Medical Center

Department of Plastic Surgery

One-Year Research Opportunity Application

The UT Southwestern Department of Plastic Surgery is seeking qualified medical students and fellows interested in experiencing basic, anatomic, and clinical translational research within our department over the course of a year. Aspects of plastic surgery investigated may be outcomes in breast reconstruction, migraine headaches, hand surgery, noninvasive assessment of facial aging, wound healing, pediatric craniofacial surgery, peripheral nerve surgery, facial reanimation, trauma/burn reconstruction, or aesthetic surgery.

Please fill out this application, attach a brief paragraph on your goals and objectives for participating in this research program, and submit with most recent CV to debby.noble@utsouthwestern.edu.

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Telephone:** _____

Present Address: _____

Email Address: _____

Country of Citizenship: U.S.A. ☐ **Other (please specify):** _____

PRE-MEDICAL EDUCATION

- **College:** _____
  - **City and State:** _____
  - **From (MM/YY):** _____ **To (MM/YY):** _____
  - **Degree/Major:** _____
  - **Honors:** _____
- **Graduate School:** _____
  - **City and State:** _____
  - **From (MM/YY):** _____ **To (MM/YY):** _____
  - **Degree/Major:** _____
  - **Honors:** _____

MEDICAL EDUCATION

- Name of Institution: _____
  - City and State: _____
  - From (MM/YY): _____To (MM/YY): _____
  - Degree: _____
  - Honors: _____

NATIONAL BOARD SCORES

- Part I: _____
- Part II: _____
- Part III:_____

Sponsoring UT Southwestern Physician (if known): _____

Anticipated Dates for Year of Research:

- From (MM/DD/YY): _____ To (MM/DD/YY): _____

Support (if applicable)

☐ Governmental Source ☐ Educational Source

- Name of Source: _____

  Contact Information for Source: _____

  Email: _____ Phone: _____

- Funding Dates
  From (MM/DD/YY): _____ To (MM/DD/YY): _____

- Amount of funding:
  _____

Visa Status (if applicable)

- Type of Visa: _____

- Dates of Visa: From (MM/DD/YY): _____To (MM/DD/YY):
  _____

Signature: _____ Date: _____

Print Name: _____

BELOW FOR OFFICE USE ONLY

Approval to come signature: _____ **Date:** _____

Assigned project: _____
Malpractice needed: Yes ☐ **No** ☐