



**Tallahassee Orthopedic Clinic**

3334 CAPITAL MEDICAL BLVD, STE 400 • 1401 CENTERVILLE RD, STE 710 • TALLAHASSEE, FL 32308  
PHONE: 850.877.8174 • FAX: 850.877.5636  
tlhoc.com

**Orthopedic & Sports Medicine Research Program Application**

In order to be considered for this program, you will need to attach your: FSU COM CITI Training certificate (FSU Faculty, Staff and Students-Biomedical/Clinical), unofficial transcripts, and CV to the application. (Deadline for submission is November 1st at 11:59pm).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ School Email: \_\_\_\_\_

Year in Medical School: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Undergraduate Degree & Program: \_\_\_\_\_ Undergraduate GPA: \_\_\_\_\_

Graduate Degree & Program: \_\_\_\_\_ Graduate GPA: \_\_\_\_\_

**List most recent work history while enrolled in college/university coursework**

1. Company: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Company: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**List most recent research experience**

1. Lead Investigator: \_\_\_\_\_ Project Topic: \_\_\_\_\_

Research Site: \_\_\_\_\_ Dates: \_\_\_\_\_

Duties: \_\_\_\_\_

2. Lead Investigator: \_\_\_\_\_ Project Topic: \_\_\_\_\_

Research Site: \_\_\_\_\_ Dates: \_\_\_\_\_

Duties: \_\_\_\_\_



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Briefly explain why you are interested in orthopedic & sports medicine:

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Initial Below

\_\_\_\_\_ I understand that submission of this application will require a minimum of a one-year commitment to collaborate with the physicians at Tallahassee Orthopedic Clinic.

\_\_\_\_\_ I understand that during the one-year commitment, this will require time spent on the TOC premises, as well as work performed on my own time.

\_\_\_\_\_ I understand that a failure to meet prior agreed upon expectations/timelines/duties will lead to forfeiture of any previously agreed upon authorship/publication/presentation benefits associated with my incomplete work.

\_\_\_\_\_ I understand if I demonstrate unsatisfactory academic progress, that I will be excused from the program.

By signing this application, I attest that all the information provided is accurate and true, and that falsification of the information will result in a rejection of the application and possible disciplinary action with your affiliated institution.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

You must submit your application with all supporting documents included in **one** PDF file via email to [Phillip.Worts@tlhoc.com](mailto:Phillip.Worts@tlhoc.com).