



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 certificates (General Populations and HIPS), 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: _____



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

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

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.