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: John Doe Phone: 850-123-4567 School Email: jd17@med.fsu.edu

Year in Medical School: M2 Expected Date of Graduation: 2021

Undergraduate Degree & Program: BS in Microbiology Undergraduate GPA: 3.95

Graduate Degree & Program: MS in Medical Sciences Graduate GPA: 4.00

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

1. Company: Tallahassee Orthopedic Clinic Job Title: Certified Medical Assistant Dates: 2014-2016

Supervisor Name: John Doe Phone Number: 850-877-8714

2. Company: _____ Job Title: _____ Dates: _____

Supervisor Name: _____ Phone Number: _____

List most recent research experience

1. Lead Investigator: John Doe Project Topic: Understanding the effects of sleep dysregulation on exercise performance

Research Site: Florida State University Dates: 2015

Duties: Assist with data collection, patient recruitment, lab maintenance

2. Lead Investigator: _____ Project Topic: _____

Research Site: _____ Dates: _____

Duties: _____

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

Initial Below

JD ____ 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.

JD ____ 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.

JD ____ 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.

JD ____ 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: John Doe Date: 8/1/17

Signature: _____

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