

# **SOCIETY OF UROLOGIC ONCOLOGY** **FELLOWSHIP APPLICATION**

## **Application Checklist for Applicants**

- **This form is intended for application to a Society of Urologic Oncology Accredited Fellowship**
- **The applicant should complete pages 2 through 7.**
- **Pages 8 through 9 should be completed by your listed references and included with a formal letter of reference.**
- **Mail this application along with an updated CV and three letters of reference to the Program Director of those SUO sites you would like to interview with.**
- **A complete list of SUO Fellowship Accredited Sites including the name of that sites Program Director can be found on the SUO website ([www.suonet.org](http://www.suonet.org)) under the “Fellowship” tab.**





**FELLOWSHIPS (List all Fellowships)**

Institution	Specialty	Year(s) of training (e.g. 2007-2008)
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**COMMITTEES (Please list all student and faculty committees on which you have served)**

Committee	Institution	Dates served	Duties
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**WORK EXPERIENCE:**

Attach your curriculum vitae – including publications and abstracts.

**RESEARCH EXPERIENCE**

Describe your previous research experience, include any previous funding you have received, grants pending, manuscripts in preparation and pending submissions

## **PERSONAL STATEMENT**

Describe your decision to pursue a fellowship in Urologic Oncology. Please describe research and clinical goals. Also describe your proposed future employment plans, i.e. academic urologist, private practice urologist, primary lab based, primarily clinically based, etc...

**REFERENCES**

The Society of Urologic Oncology requires that all applicants submit at least 3 letters of references, **one of which must be from the Chairman of Urology at your current program.**

**1) REFERENCE (Urology Program Chairman)**

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NAME AND TITLE

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INSTITUTION

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ADDRESS & PHONE

**2) REFERENCE**

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NAME AND TITLE

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INSTITUTION

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ADDRESS & PHONE

**3) REFERENCE**

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NAME AND TITLE

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INSTITUTION

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ADDRESS & PHONE

**SOCIETY OF UROLOGIC ONCOLOGY FELLOWSHIP CONFIDENTIAL**  
**REFERENCE REPORT**

**TOP SECTION OF PAGE TO BE COMPLETED BY THE APPLICANT BEFORE PRESENTING TO THE REFERENCE**

Under the provisions of the Family Education Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.

- I hereby waive my right of access to this recommendation. \_\_\_\_\_  
SIGNATURE OF APPLICANT DATE
- I do not waive my right of access to this recommendation. \_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
NAME INSTITUTION

\_\_\_\_\_  
TITLE TELEPHONE NUMBER

\_\_\_\_\_  
APPLICANT'S NAME TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

**THIS SECTION TO BE COMPLETED BY REFERENCE**

**Please indicate in the space below the period of time which you have known the applicant and in what capacity. Elaborate on the applicant's performance on which you base your assessment above. Please cite specific illustration of the applicant's performance. Feel free to use a standard letter of recommendation format. Attach additional sheet if necessary. Kindly send your letter of recommendation and reference report to:**

**Please rate the applicant by circling the following number most appropriate that represents your opinion of the applicant:**

	Unable to assess	Poor	Fair	Good	Excellent	Outstanding
Motivation	<input type="checkbox"/>	1	2	3	4	5
Initiative	<input type="checkbox"/>	1	2	3	4	5
Ability to meet deadlines	<input type="checkbox"/>	1	2	3	4	5
Maturity	<input type="checkbox"/>	1	2	3	4	5
Clinical Skills	<input type="checkbox"/>	1	2	3	4	5
Interpersonal Skills	<input type="checkbox"/>	1	2	3	4	5
Demonstrated skill at Research	<input type="checkbox"/>	1	2	3	4	5
Integrity	<input type="checkbox"/>	1	2	3	4	5
Judgment	<input type="checkbox"/>	1	2	3	4	5
Intellectual Ability	<input type="checkbox"/>	1	2	3	4	5
Originality	<input type="checkbox"/>	1	2	3	4	5
Communication	<input type="checkbox"/>	1	2	3	4	5
Industry	<input type="checkbox"/>	1	2	3	4	5
Overall Evaluation	<input type="checkbox"/>	1	2	3	4	5

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*SIGNATURE OF REFERENCE*

\_\_\_\_\_  
*DATE*