

MD Scientist Training Program
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER

Application Form for Training Starting _____
Please Print or Type

Return completed application and documentation to: MD Scientist Training Program (MDSTP)
 c/o Ezra Burstein, M.D., Ph.D.: Program Director
 ezra.burstein@utsw.edu

 Date this form completed

PERSONAL DATA

 Last Name First Name Middle Initial

Permanent Address:

 City State Zip Code

 Home Telephone Work Telephone

 E-mail Address

 Place of Birth Date of Birth

 Country of Citizenship

If not US, what is your visa status: Permanent Resident _____ J1: _____ H1: _____ Other: _____
 Issue Date: _____ Expiration Date: _____



 Current Position

 Nominating Chairperson

 Clinical Fellowship Director

EDUCATION	NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	DEGREE AWARDED
College				
Medical School				
Graduate School				

POSTGRADUATE TRAINING	NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	TYPE OF TRAINING
Internship				
Residency				

RESEARCH EXPERIENCE

PUBLICATIONS

HONORS and AWARDS

Attach a separate page if necessary; DO NOT write "see C.V."

PERSONAL STATEMENT

On a separate page, outline your interests in research. Include a description of your career goals after the completion of your fellowship training.

OTHER INTERESTS

REFERENCES

Three original letters of recommendation are required. One letter should be from the Dept. Chair, and the second one from the Residency of Fellowship Program Director. A third letter could be from the research mentor (if known already) or from a relevant recommender.

Name

Position/Title

Name

Position/Title

Name

Position/Title

Signature

02/11/2025

Date