

**TEXAS ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS**

**PROPOSAL FOR JUNIOR FELLOWSHIP**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Medical Education: (School, Dates, Degree): \_\_\_\_\_

Residency Program and Address: \_\_\_\_\_

Current Level of Training: PGY1 \_\_\_\_ PGY2 \_\_\_\_ PGY3 \_\_\_\_ PGY4 \_\_\_\_ PROJECTED YEAR OF GRADUATION \_\_\_\_\_

Fellowship Information (Fellows in subspecialty training may apply for Junior Fellow status until completion of fellowship) \_\_\_\_\_

Postgraduate Study/Professional Activity Prior to Residency if Any: (Date, Location, Activity) \_\_\_\_\_

Licensed in Texas: \_\_\_\_ Yes \_\_\_\_ No Texas License Number \_\_\_\_\_

Appointments/Contributions to Ob/Gyn Publications (Attach separately if necessary): \_\_\_\_\_

Medical Society Memberships: (if ACOG fellow, please put ACOG # if known) \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Endorsements: (If currently ACOG Junior Fellow, only Program Director's Signature required)

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
Name of Program Director (please print) Name of other Department Faculty Sponsor (please print)

\_\_\_\_\_  
Signature of Program Director Signature of other Department Faculty member

\_\_\_\_\_  
Date Date

Membership qualifications as specified in Article I, Section 1-6, ByLaws of the Association:

“a) Junior Fellows must currently be undergoing residency or fellowship training in a subspecialty of ob/gyn at an ACGME accredited ob/gyn residency program in an institution within the state of Texas.

(b) The resident's Program Director must propose and endorse the candidate's application in writing to the Executive Council.”

RETURN TO: Executive Office, Texas Association OB/GYN  
141 Idlewild Creek Road  
Sweetwater, TX 79556  
(325) 235-1959 ph/fax