

**STEADMAN HAWKINS CLINIC of the Carolinas**  
**1650 Skyln Drive**  
**Spartanburg SC 29307**

**Steadman Hawkins Orthopaedic Surgery and Sports Medicine Fellowship Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Institution/Office: \_\_\_\_\_ Current Position: \_\_\_\_\_

(e.g. Resident [PG Year], Private \_\_\_\_\_ Practice,  
etc.)

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Personal Information:**

Marital Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Name(s) and Age(s) of Children: \_\_\_\_\_

\_\_\_\_\_

No. of Adult Dependents (excluding spouse): \_\_\_\_\_

Housing Requirements (# of bedrooms, Handicap or Special Access, etc.): \_\_\_\_\_

Personal Health: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Education and Training**

\*Undergraduate Institution: \_\_\_\_\_

Dates: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

\*Medical School: \_\_\_\_\_

Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

\*Internship: \_\_\_\_\_

Dates: \_\_\_\_\_ Type: \_\_\_\_\_

\*Residency: \_\_\_\_\_

Dates: \_\_\_\_\_ Type: \_\_\_\_\_

\*Fellowship: \_\_\_\_\_

Dates: \_\_\_\_\_ Type: \_\_\_\_\_

\*Other: \_\_\_\_\_

Dates: \_\_\_\_\_ Type: \_\_\_\_\_

\*Board Certification Status: \_\_\_\_\_

\*Current Medical Licenses: \_\_\_\_\_

(\* Please attach photocopies of Diplomas, Certificates or Letters from the Institution for verification.)

A brief personal statement is optional.

Three (3) Personal (Professional) References:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

For questions and additional information, please contact Cecilia Hanna at 864-680-4923, or by email at [cecilia.hanna@orf.org](mailto:cecilia.hanna@orf.org).