



(Open to First- and Second-Year Medical Students)

Full Name: _____

Email Address: _____

Phone Number: _____

Medical School & Year: _____

Undergraduate Degree & Institution: _____

Briefly describe your interest in orthopedics and sports medicine (max 200 words):

Summarize any relevant research experience, including projects, roles, and skills (max 200 words):

Additional Questions

1. **Have you participated in any orthopedic or sports medicine research or clinical projects?**
If yes, please specify:

2. **Specific areas of interest within orthopedics or sports medicine:**

3. **Special skills or certifications (e.g., coding, imaging, lab techniques):**

4. **Why are you interested in this research fellowship?** *(Optional)*

Availability & Duration

- **Start Date:** Approximately **August 1, 2025**
- **End Date:** Approximately **August 1, 2026**
- **Willing to continue into a second year if eligible?**
☐ Yes ☐ No

Additional Opportunity

First-year students may be eligible to continue for a second year, based on performance and availability.

Consent & Agreement

I certify that the information provided above is accurate. I agree to abide by the policies and expectations of the Mammoth Orthopedic Institute during the course of the fellowship.

Signature: _____

Date: _____

Submission Instructions

Please email this completed application along with your CV to:

Sarah.Lang@mammothhospital.com

