

# SSO MATCH PROGRAM APPLICATION

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## 2009 Breast Fellowship Matching Program

### TO PARTICIPATE IN THE MATCHING PROGRAM

1. Fill out the application form completely and legibly, and list, in rank order, your preference for breast fellowship training programs in which you would like to participate if you are selected. Applicants are strongly encouraged to arrange for personal interviews with their preferred institutions prior to the application deadline date.
2. Enclose a check for the registration fee in the amount of \$75.00 (US dollars) made payable to: "The Society of Surgical Oncology"
3. Send this application form **and** check via overnight delivery or certified mail with return receipt requested, **TO ARRIVE NO LATER THAN NOVEMBER 17, 2009**, to:

**SOCIETY OF SURGICAL ONCOLOGY  
85 W. ALGONQUIN ROAD, SUITE 550  
ARLINGTON HEIGHTS, IL 60005**

4. The results of the Match are reviewed and verified by the Program Directors in December. You will be notified of the results of the Match on **DECEMBER 4, 2009 VIA EMAIL. SO PLEASE INCLUDE YOUR CORRECT EMAIL ADDRESS. Absolutely no information will be given out prior to this date.**
5. No Fax transmittals of Application will be accepted.
6. Once an Application has been received at SSO's executive office, no changes to the Application will be accepted.
7. It is the responsibility of the individual applicant to meet any and all requirements for fellowship enrollment at the matching institution. Failure to do so constitutes a basis for a training program to decline a match. SSO has no obligations in the event of an applicant's failure to meet program requirements.

**NOTE:** Applicants must send a completed SSO Breast Fellowship application form **DIRECTLY to the individual institution(s)** which they are interested in attending by **August 15, 2009 AS WELL AS a copy of the form to the SSO Executive Office.**

**Please remember the Deadline for receipt of  
Match Program Applications is November 17, 2009**

# MATCH PROGRAM APPLICATION

## 2009 Breast Fellowship Matching Program

Last Name:	First:	Middle:
Home Mailing Address:	City:	State:      Zip:
Home Telephone Number:	Email Address:	
Office Mailing Address:	City:	State:      Zip:
Office Telephone Number:	Fax Number:	
Birthdate:	Social Security Number:	
Preferred Mailing Address: Home <input type="checkbox"/> Office <input type="checkbox"/>		
What discipline was your residency/ fellowship in: (Example - general surgery, medical oncology, radiation oncology, gynecology etc.)		

PARTICIPATING SITES	CODE #	PARTICIPATING SITES	CODE #	PARTICIPATING SITES	CODE #
UT Southwestern Center for Breast Care .....	.01	University of Southern California .....	.13	H Lee Moffitt Cancer Ctr & Rsrch Inst .....	.22
John Wayne Cancer Institute .....	.02	Anne Arundel Medical Center .....	.14	Women & Infants Hospital .....	.23
M.D. Anderson Cancer Center .....	.03	Stanford University School of Medicine .....	.15	Fox Chase Cancer Center .....	.24
UCSF Breast Care Center .....	.04	The Beth Israel Medical Center/ St. Luke's Hospital Center .....	.16	Robert Wood Johnson Med Sch .....	.25
Grant Medical Center .....	.05	Memorial Sloan-Kettering Cancer Center .....	.17	Washington U Schl of Med .....	.26
Columbia Presbyterian Medical Center .....	.06	Massachusetts General Hospital, Dana-Farber Cancer Institute & Brigham and Womens Hospital .....	.18	Mayo Clinic .....	.27
University of Arkansas for Medical Sciences .....	.07	The Bryn Mawr Hospital .....	.19	Akron General Medical Center .....	.28
William Beaumont Hospital Breast Care Center .....	.08	Baylor University Medical Center .....	.20	Emory University School of Medicine ..	.29
University of Michigan .....	.10	Washington Cancer Institute at the Washington Hospital Center & the Center for Breast Health .....	.21	U of Pittsburgh Med Ctr, Magee Women's Hosp & U of Pittsburgh Cancer Inst .....	.30
The Cleveland Clinic Foundation .....	.11			Allegheny General Hospital .....	.31
Northwestern University .....	.12			University of Pennsylvania .....	.32
				U-MASS Interdisciplinary Breast Fellowship Prog .....	.33

PROGRAM PREFERENCE    Please list your choice for a fellowship program in order of preference using the site code number.				
1st Choice: ____	6th Choice: ____	11th Choice: ____	16th Choice: ____	21st Choice: ____
2nd Choice: ____	7th Choice: ____	12th Choice: ____	17th Choice: ____	22nd Choice: ____
3rd Choice: ____	8th Choice: ____	13th Choice: ____	18th Choice: ____	23rd Choice: ____
4th Choice: ____	9th Choice: ____	14th Choice: ____	19th Choice: ____	24th Choice: ____
5th Choice: ____	10th Choice: ____	15th Choice: ____	20th Choice: ____	25th Choice: ____

### STATEMENT OF COMMITMENT

Each applicant must read and sign the following commitment to be eligible to participate in the SSO Matching Program.

"I agree to abide by the Match that is established through my participation in the Matching Program for Breast Fellowships conducted by the Society of Surgical Oncology."

"I understand that I may not be matched, and, if matched, my enrollment will be contingent upon my meeting all requirements mandated by the matching institution."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN DIRECTLY TO SSO EXECUTIVE OFFICE  
WITH YOUR \$75 (US DOLLARS) PAYMENT BY NOVEMBER 17, 2009.**