

SSO MATCH PROGRAM APPLICATION

2009 SSO Surgical Oncology/ Hepato-Pancreato-Biliary (HPB) Fellowship Common Match Program Application

TO PARTICIPATE IN THE SSO SURGICAL ONCOLOGY/ HPB FELLOWSHIP COMMON MATCH PROGRAM

1. Fill out the application form completely and legibly, and list, in rank order, your preference for fellowship training programs in which you would like to participate if you are selected. Applicants must 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 (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 SEPTEMBER 22, 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 at the American College of Surgeons meeting in October. You will be notified of the results of the Match on **OCTOBER 19, 2009 BY EMAIL. PLEASE INCLUDE YOUR CORRECT EMAIL ADDRESS ON THIS FORM. Absolutely no information will be given out prior to this date.**
5. No Fax transmittals of the Match Program 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.

**Please remember the Deadline for receipt of
Match Program Applications is September 22, 2009**

MATCH PROGRAM APPLICATION

2009 SSO Surgical Oncology/HPB Fellowship Common Match Program

Last Name:	First:	Middle:		
Home Mailing Address:	City:	State:	Zip:	Country:
Home Telephone Number:	Email Address:			
Office Mailing Address:	City:	State:	Zip:	Country:
Office Telephone Number:	Fax Number:			
Birthdate:	Social Security Number:			
Preferred Mailing Address: Home <input type="checkbox"/> Office <input type="checkbox"/>				

SURGICAL ONCOLOGY (SO) PROGRAMS	Site Code Numbers	SURGICAL ONCOLOGY (SO) PROGRAMS	Site Code Numbers	HEPATO-PANCREATO- BILIARY (HPB) PROGRAMS	Site Code Numbers
The University of Chicago	.01	University of Pittsburgh -		Carolinas Medical Center	.40
City of Hope National Medical Center	.02	GI/Minimally Invasive	.12B	Cleveland Clinic	.41
M. D. Anderson Cancer Center	.03	University of Pittsburgh -		Indiana University	.42
Fox Chase Cancer Center	.04	Clinical Research	.12C	Johns Hopkins University	.43
Memorial Sloan-Kettering Cancer Center	.05	University of Pittsburgh -		Mayo Clinic, Rochester	.44
Ohio State University	.06	Basic Research	.12D	Methodist Dallas Medical Center	.45
Roswell Park Cancer Institute	.07	University of Toronto	.13	Penn State Cancer Institute	.46
John Wayne Cancer Institute	.08	University of Calgary	.14	Providence Portland Medical Center	.47
University of Miami School of Medicine	.09	Virginia Commonwealth University	.15	University of South Florida	.48
Roger Williams Medical Center	.10	University of Louisville	.16	University of Toronto	.49
H. Lee Moffitt Cancer & Research Institute	.11	Dana Farber-Partners	.17	Washington University	.50
University of Pittsburgh - Hepatobiliary	.12A	The Johns Hopkins Hospital - SO	.18A	Duke University	.51
		The Johns Hopkins Hospital - SO/HPB	.18B		
		McGill University	.19		

PROGRAM PREFERENCES				
Please list your choice for a fellowship program in order of preference using the site code number.				
1st Choice: _____	5th Choice: _____	9th Choice: _____	13th Choice: _____	17th Choice: _____
2nd Choice: _____	6th Choice: _____	10th Choice: _____	14th Choice: _____	18th Choice: _____
3rd Choice: _____	7th Choice: _____	11th Choice: _____	15th Choice: _____	
4th Choice: _____	8th Choice: _____	12th Choice: _____	16th Choice: _____	

STATEMENT OF COMMITMENT

Each applicant must read and sign the following commitment to be eligible to participate in the SSO Surgical Oncology/HPB Common Match Program.

“I agree to abide by the Match that is established through my participation in the Matching Program for SSO/HPB 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 SEPTEMBER 22, 2009.**

**Society of Surgical Oncology
85 W. Algonquin Road, Suite 550 • Arlington Heights, Illinois 60005 • Phone: (847) 427-1400**