

SSO MATCH PROGRAM APPLICATION

2009 Surgical Oncology Fellowship Matching Program

TO PARTICIPATE IN THE SSO MATCHING PROGRAM

1. Fill out the application form completely and legibly, and list, in rank order, your preference for surgical oncology 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 \$50.00 (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 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 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 General Surgical Oncology Fellowship Application" form **DIRECTLY to the individual institution(s)** which they are interested in attending by **July 1, 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 September 22, 2009**

SSO MATCH PROGRAM APPLICATION

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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 or Office)		

PARTICIPATING SITES

SITE CODE NUMBER

The University of Chicago .....	.01
City of Hope National Medical Center .....	.02
M. D. Anderson Cancer Center .....	.03
Fox Chase Cancer Center .....	.04
Memorial Sloan-Kettering Cancer Center .....	.05
Ohio State University .....	.06
Roswell Park Cancer Institute .....	.07
John Wayne Cancer Institute .....	.08
University of Miami School of Medicine .....	.09
Boston University/Roger Williams Medical Center .....	.10
H. Lee Moffitt Cancer & Research Institute .....	.11
University of Pittsburgh – Hepatobiliary .....	.12A
University of Pittsburgh – GI/Minimally Invasive .....	.12B
University of Pittsburgh – Clinical Research .....	.12C
University of Pittsburgh – Basic Research .....	.12D
University of Toronto .....	.13
University of Calgary .....	.14
Virginia Commonwealth University .....	.15
University of Louisville James Graham Brown Cancer Center .....	.16
Dana Farber-Partners Surgical Oncology Fellowship .....	.17
The Johns Hopkins Hospital & Sidney Kimmel Cancer Center .....	.18
McGill University .....	.19

PROGRAM PREFERENCE

Please list your choice for a fellowship program in order of preference using the site code number.

1st Choice: _____ 10th Choice: _____

2nd Choice: _____ 11th Choice: _____

3rd Choice: _____ 12th Choice: _____

4th Choice: _____ 13th Choice: _____

5th Choice: _____ 14th Choice: _____

6th Choice: _____ 15th Choice: _____

7th Choice: _____ 16th Choice: _____

8th Choice: _____ 17th Choice: _____

9th Choice: _____ 18th Choice: _____

STATEMENT OF COMMITMENT

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

"I agree to abide by the Match that is established through my participation in the Matching Program for Surgical Oncology 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 \$50 (US DOLLARS) PAYMENT BY SEPTEMBER 22, 2009.