



EXCEPTIONAL CARE. WITHOUT EXCEPTION.



Boston University School of Medicine

**The Department of Orthopaedic Surgery**  
*Research Fellowship Application*

**2018**

Boston Medical Center  
Department of Orthopaedic Surgery  
850 Harrison Avenue, Dowling 2 North  
Boston, MA 02118  
(617) 414-6269

## Fellowship Description

We are seeking candidates who are current Boston University medical students and demonstrate an interest in the field of orthopaedic surgery. The Total Joint Research Laboratory at Boston Medical Center is a renowned practice led by Dr. Eric Smith. We offer medical students who are interested in orthopaedics the opportunity to spend their summer participating in clinical research and shadowing joint surgeons Drs. Eric Smith and David Freccero in clinic and the operating room. The goals of this fellowship are:

### Objectives:

- To introduce clinical topics in orthopaedic research
- To write up study results for potential publication and presentation
- To understand legal, ethical and regulatory aspects of research
- To acquire basic knowledge of protocol development including literature searches, research design, statistical analysis, interpretation of results and IRB submission
- Gain insight into the clinical practice of orthopaedics through shadowing opportunities in clinic and the operating room

### Requirements upon submission:

- Current CV
- Unofficial/official copy of undergraduate transcript
- Completed Questionnaire (found on page 2)
- Letter(s) of Recommendation (Optional, but suggested)
- Copy of photo ID (License, student id, etc.)

### Submission Instructions:

***Please submit complete application to:***  
Ruijia.Niu@bmc.org

### Requirements Upon Submission:

- Completion of the CITI training  
<https://www.citiprogram.org/>
- Register under BUSM as a Biomedical Researcher
- Fulfill Good Clinical Practice Training (GCP) requirement
  - <http://www.bumc.bu.edu/ohra/required-training/good-clinical-practice-gcp-certification/>
  - <https://www.citiprogram.org/index.cfm?pageID=90>
- **Email certificate/s to Ruijia.Niu@bmc.org**

**Instructions:** Please complete the questions below and return the form to Ruijia Niu via e-mail at Ruijia.Niu@bmc.org

---

**Applicant:**

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

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Education:**

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

Undergraduate GPA: \_\_\_\_\_

MCAT Score: \_\_\_\_\_

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

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Name of Medical School: \_\_\_\_\_

Current Year of Medical School: \_\_\_\_\_

Medical School GPA: \_\_\_\_\_

**Extracurricular Activities:**

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

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

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

4. \_\_\_\_\_

5. \_\_\_\_\_

**Volunteer Experience:**

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

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

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

**Hobbies/Skills:**

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

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

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

**Research Experience:**

Have you had past experience in clinical research:  Yes  No

If you answered "yes" to the question above, please describe your work:

---

---

---

---

Please describe your interest and attraction towards Orthopaedic Research:

---

---

---

---

How many hours (per week) do you anticipate devoting to your research? \_\_\_\_\_

**Career Plans:**

Please describe your ultimate career plans (i.e. specialty, academic vs. private, etc.):

---

---

---

---