

**CT Surgery Residency Interview Dates for TSDA.org**

**Hospital/Institution:** \_\_\_\_\_

**Division/Dept:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**Interview Dates:**

\_\_\_\_\_ **Traditional 2- 3-Year program interview dates**

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\_\_\_\_\_ **Integrated 6 program interview dates**

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\_\_\_\_\_ **4/3 program interview dates**

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**Narrative:**

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**Interview Location:** (hospital, address, city, state, zip)

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**Contact Information:** (name)\_\_\_\_\_

(title)\_\_\_\_\_

(phone)\_\_\_\_\_

(e-mail)\_\_\_\_\_

(website)\_\_\_\_\_

Please use additional sheets as necessary.

Please e-mail completed forms to Rachel Pebworth at [tsda@tsda.org](mailto:tsda@tsda.org)  
or fax to 773-289-0871