

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

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

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

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

**Interview Dates:**

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

---

---

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

---

---

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

---

---

**Narrative:**

---

---

---

---

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

---

---

**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