

**Combined Critical Care and Adult Cardiothoracic Anesthesiology
Fellowship Track Supplemental Questionnaire**

Applicant Full Name: _____

Residency Training Program: _____

Program Director (PD): _____ PD Email: _____

The following questions are not binding and allow our program directors to tailor your fellowship training at UTHealth – McGovern Medical School.

I am applying to both critical care anesthesiology (CCA) and adult cardiothoracic anesthesiology (ACTA).

Yes No

I prefer to complete *both* CCA and ACTA at UTHealth – McGovern Medical School.

Yes No

If I do NOT match the combined CCA-ACTA fellowship track, I would still like to be considered for the following programs:

CCA ACTA Neither

If I do NOT match to either CCA or ACTA, I intend to apply in future application cycles.

Yes No

Leave any other information that you want our CCA and ACTA programs to be aware of: