

Fellowship Application

- 1. Complete all sections. Enter your name as it appears on your licensure.
- 2. Submit the following documents: (check with specific program director or fellowship website for application deadlines)
 - a. Current Curriculum Vitae
 - b. Three letters of recommendation, one from Residency Program Director evaluating your performance. Two additional references from full-time Faculty members or Physicians who have knowledge of your clinical ability.
 - c. Personal Statement describing your interest in a Neurology fellowship at UT Southwestern Medical Center and your career goals.
 - d. Exam Score reports for USMLE Step 1, USMLE Step 2 CS, USMLE Step 2 CK, USMLE Step 3, (or COMLEX Level 1, COMLEX Level 2, COMLEX Level 2 (PE) and COMLEX Level 3).
 - e. Photo
- 3. This form and supporting materials should be mailed to: UT Southwestern Medical Center, Neurology Fellowship Academic Office, 5323 Harry Hines Blvd., J3.118, Dallas, TX 75390-9036 or Emailed to: <u>Neurofellowship@UTSouthwestern.edu</u>

Program Prerequisites

- Successful completion of an ACGME accredited Residency of a Neurology or Child Neurology Program (or if applicable Psychiatry, Physical Medicine and Rehabilitation Residency, or similar).
- U.S. Citizenship, Permanent Residency, or J-1 Visa

APPLICANT INFORMATION

Full Name:		DOB:		
	Last	First	M.I.	
ddress:				
	STREET ADDRESS			Apartment/Unit #
	Сіту		State	ZIP CODE
imail Addre ellowship	255:		Current	
tart date:		Social Security No.:	PGY level:	

Behavioral Neurology	Headache Medicine	Neuro-oncology
Clinical Neurophysiology (Adult)	Movement Disorders	Sleep Medicine
Clinical Neurophysiology (Pediatric)	Neuroimmunology –MS	Vascular Neurology
Epilepsy (Adult)	Neuromuscular (Adult)	
Epilepsy (Pediatric)	Neuromuscular (Pediatric)	



EDUCATION

INTERNSHIP, RESIDENCY, FELLOWSHIP TRAINING

Institution	Degree	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Graduated Yes or No

MEDICAL SCHOOL

Institution	Degree	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Graduated Yes or No

GRADUATE SCHOOL

Institution	Degree	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Graduated Yes or No

UNDERGRADUATE SCHOOL

Institution	Degree	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Graduated Yes or No

VISA/IMMIGRATION

If applicable, please send copies of your ECFMG certificate or include copies with this application.

US Citizen	EAD/Green Card	J-1 Visa	Expiration
ECFMG Certificate:	Issued (yes / no)	Date:	Expiration

Visa Status: Please send copy of notarized Visa as true copy of original document. If applicable, please send copy of Fifth Pathway letter.

UT Southwestern Medical Center Neurology & Neurotherapeutics

LICENSURE AND CERTIFICATIONS

Texas Medical Boar	Drug Enforcement AdministrationTexas DPS ControlledMedical Board LicenseCertificateCertificate		<u> </u>		PS Controlled Certificate	Substance	
Number Issued	Expires	Number	Issued	Expires	Number	Issued	Expires

Texas Medical Board Li	U	Drug Enforcement Administration Certificate		Texas DPS Controlled Substance Certificate		
Number Issued Ex	pires Number	Issued	Expires	Number	Issued	Expires

Helpful links:

Texas Medical Board License Registration - <u>http://www.tmb.state.tx.us/page/full-medical-license</u> DEA New Applicant Registration - <u>http://www.deadiversion.usdoj.gov/webforms/newAppLogin.do</u> Texas DPS Application for Registration - <u>http://www.txdps.state.tx.us/InternetForms/Forms/NAR-77-78.pdf</u>

RESEARCH / AWARDS / EXTRACURRICULAR ACTIVITY (during residency)

UT Southwestern Medical Center

Neurology & Neurotherapeutics

Parkland Memorial Hospital / University Hospitals Dallas Veterans Affairs Medical Center Children's Medical Center / Texas Scottish Rite Hospital

PREVIOUS EMPLOYMENT

Company or Institution:		Phone:
Address:		Supervisor:
Job Title:	From:	To:
Responsibilities:		
Company or Institution:		Phone:
Address:		
	From:	Supervisor: To:
Responsibilities:		10.
·		
Company or		
Institution:		Phone:
Address:		Supervisor:
	From:	To:
Responsibilities:		
	LETTERS OF RECOMMENDATIO	N
Name	Title – Residency Program Director	Institution
Name	Title	Institution
Name	Title	Institution