

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: Neurofellowship@UTSouthwestern.edu

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.

Address: _____
 STREET ADDRESS APARTMENT/UNIT #

CITY STATE ZIP CODE

Email Address: _____
 Fellowship start date: _____ Social Security No.: _____ Current PGY level: _____

SELECT WHICH NEUROLOGY & NEUROTHERAPEUTICS FELLOWSHIP(S) YOU ARE APPLYING FOR:

- | | | |
|--------------------------------------|---------------------------|--------------------|
| 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 Date: _____ Expiration _____
 (yes / no)

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

PREVIOUS EMPLOYMENT

Company or Institution: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____
Responsibilities: _____

Company or Institution: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____
Responsibilities: _____

Company or Institution: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____
Responsibilities: _____

LETTERS OF RECOMMENDATION

Name Title – **Residency Program Director** Institution

Name Title Institution

Name Title Institution