

**Movement Disorders Fellowship/Training Application  
Department of Neurology**

**The University of Texas Southwestern Medical School at Dallas  
Affiliated Hospitals**

**PHOTO**

Please return one copy of the application  
to:

Shilpa Chitnis, M.D., Ph.D.  
Assistant Professor and Program Director  
Movement Disorders Fellowship Program  
Dept. of Neurology  
UT Southwestern Medical Center  
5323 Harry Hines Blvd.  
Dallas, Texas 75390-9036

**Telephone inquiries: 214/648-2943  
Fax: 214/648-8540  
Email: shilpa.chitnis@utsouthwestern.edu**

**Please send a personal statement that includes long-term career goals and your goals for this fellowship. Please arrange for three letters of recommendation to be sent to Dr. Chitnis at the above address.**

**Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_**

**Date of birth: \_\_\_\_\_**

**Present address: \_\_\_\_\_ Telephone: \_\_\_\_\_**

**City/State/Zip: \_\_\_\_\_ email: \_\_\_\_\_**

**Permanent address: \_\_\_\_\_ Telephone: \_\_\_\_\_**

**City/State/Zip: \_\_\_\_\_**

**Fellowship start date: \_\_\_\_\_**

## PRE-MEDICAL EDUCATION

Name of institution	City/State	From (Mo./Yr.)	To (Mo./Yr.)	Degree/Major
High school				
College				
Graduate school				

## MEDICAL EDUCATION

Name of institution	City/State	From (Mo./Yr.)	To (Mo./Yr.)	Degree

## INTERNSHIP OR RESIDENCY TRAINING (if applicable)

Name of institution	City/State	From (Mo./Yr.)	To (Mo./Yr.)	Degree

Estimate your scholastic standing in your class: \_\_\_\_\_

National Board Scores:

Part I: \_\_\_\_\_ Part II: \_\_\_\_\_ Part III: \_\_\_\_\_ FLEX Score: \_\_\_\_\_  
 USMLE: \_\_\_\_\_ Step 1: \_\_\_\_\_ Step 2: \_\_\_\_\_ Step 3: \_\_\_\_\_

Foreign Graduates or Non-citizens, please complete the following\*:

Have you passed the FMGEMS exam? \_\_\_\_\_ If so, please send copy of certificate

Or Step 1, Step 2, and Step 3 of the USMLE? \_\_\_\_\_ If so, please send copy of certificate

Have you passed the English Proficiency Test? \_\_\_\_\_ If so, please send copy of certificate

\*If applicable, please send copies of ECGMG, VQE and Par I/Part II of the NGME examinations

Visa status: \_\_\_\_\_ Please send copy of visa

Do you have a Texas medical license? \_\_\_\_\_ Number: \_\_\_\_\_

Honors (Medical school and postgraduate): \_\_\_\_\_

What hospital, graduate school, or medical research experience have you had (additional information may be attached):

List those writing letters of recommendation (name, address, position):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_