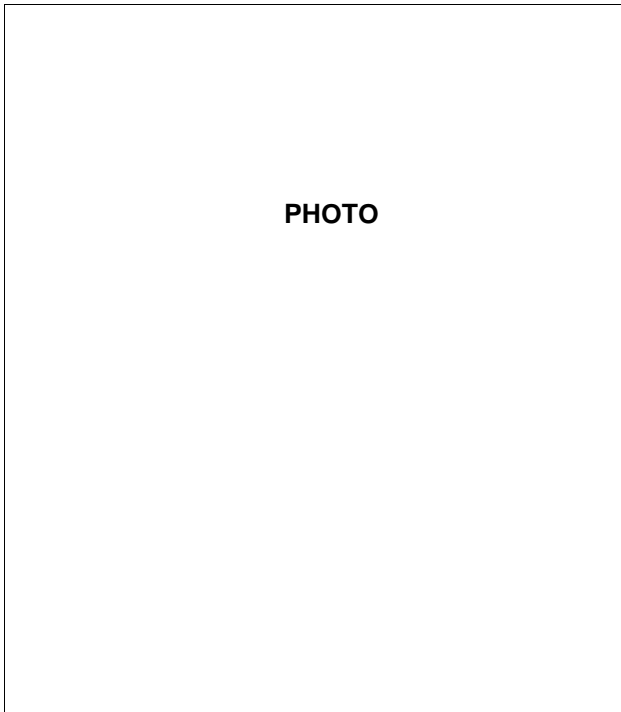


**Multiple Sclerosis Clinical Care Physician Fellowship/Training Application  
Department of Neurology**

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

Parkland Memorial Hospital/Zale Lipshy University Hospital  
University of Texas Southwestern Medical School and Multiple Sclerosis Center



PHOTO

Please return one copy of the application to either:  
**Elliot Frohman, M.D. Ph.D.**  
Program Director  
Multiple Sclerosis Fellowship Program, Dept. of Neurology  
University of Texas Southwestern Medical Center  
5323 Harry Hines Boulevard  
Dallas TX 75390-8806 OR

**Teresa Frohman**  
MS Clinical Research Program Director  
Multiple Sclerosis Fellowship Program, Dept. of Neurology  
University of Texas Southwestern Medical Center  
5323 Harry Hines Boulevard  
Dallas TX 75390-8806

Telephone Inquiries:  
Phone: (214)645-0555; FAX: (214)645-0556  
Email: [Elliot.Frohman@UTSouthwestern.edu](mailto:Elliot.Frohman@UTSouthwestern.edu)  
[Teresa.Frohman@UTSouthwestern.edu](mailto:Teresa.Frohman@UTSouthwestern.edu)

STAPLE. PLEASE DO NOT PASTE.

*Type of Fellowship you wish to apply for:*

**Multiple Sclerosis Clinical Care Physician Fellowship**    [   ]

**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.Frohman or Teresa Frohman at the above address.**

Fellowship Start Date: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex:    M    F

Present Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Permanent Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Country of Citizenship: \_\_\_\_\_

### PRE-MEDICAL EDUCATION

| Name of Institution    | City/State | From (Mo./Yr) | To (Mo/Yr) | Degree/Major |
|------------------------|------------|---------------|------------|--------------|
| <b>High School</b>     |            |               |            |              |
| <b>College</b>         |            |               |            |              |
| <b>Graduate School</b> |            |               |            |              |

### 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 ECFMG, VQE and Part I/Part II of the NBME examinations

Visa Status: \_\_\_\_\_ Please send copy of visa notarized as true copy of original document.

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: \_\_\_\_\_

University of Texas Southwestern Medical Center  
Multiple Sclerosis Clinical Care Fellowship

We offer a one year fellowship *that is expandable for up to two years with mutual agreement*. Training occurs at the University of Texas Southwestern Medical Center Campus that includes Parkland Memorial and Zale-Lipsky University Hospitals and Multiple Sclerosis Clinic. The fellowship is for neurologists *and physiatrists* interested in an academic or clinic practice career in multiple sclerosis.

Faculty:        Elliot M. Frohman, MD, PhD.    Director, MS Division  
                  Anjali Shah, MD    Director of Neuro-rehabilitation Division  
                  Olaf Stuve, MD, PhD    Neuroimmunology Program  
                  Nitin Karandikar, MD, PhD    Director Cellular Immunology  
                  Steven Vernino, MD, PhD    Autoimmune Neurology  
                  Nancy Monson, PhD    B cell Immunology  
                  Scott Davis, PhD    Neurophysiology  
                  Todd Eager, PhD    Immune Regulation

The fellowship provides hands on experience and intensive individual training by faculty in the following procedures and clinical activities:

- The clinical evaluation and management of the MS patient and related disorders
- Neuroradiology of MS and related disorders
- The complete range of immune-modulating therapies
- Training in use of botox for spasticity and baclofen pump management
- Training in neuro-ophthalmologic and neuro-vestibular examination techniques. Afferent and efferent laboratories within the Clinical Center for MS
- Innovative symptom management of fatigue, spasticity, bowel and bladder dysfunction, sexual difficulties, mood disorders, pain, osteoporosis, and assistive device utilization; and the logistics of working within a multi-disciplinary team
- Wheelchair and bed management, orthotic devices, bone and mineral metabolism, skin integrity and wound care
- Case management and social work issues
- Participation in and design of clinical trials will be encouraged, as well as matriculation through graduate level courses with formal didactic teaching on evaluation and design of clinical trials
- Other opportunities in basic science research can also be arranged.

Typical weekly schedule involves three days of managing patients in clinic with attendings and two days with protected time for the development and participation in research activities. A Wednesday MS Team meeting from 9-10:30 am is utilized for clinical and research presentations while a weekly Tuesday neuroimmunology conference takes place from 9-10:30 and is focused on basic investigations underway at Southwestern and other collaborating institutions.

A major thrust of the program is to emphasize the significance of preemptive and prevention treatment strategies that we believe to be germane to 'best practice' models of care for evolving health care systems.