

Spinal Cord Injury Medicine (SCIM) Fellowship Application

Congratulations on deciding to pursue specialized training in Spinal Cord Injury Medicine! This document is intended to guide you through the application process. This will serve as the primary application for all ACGME-Accredited SCIM fellowships. Applicants are expected to have completed an ACGME accredited residency, and be eligible to sit for board certification, prior to starting the SCIM fellowship. The application below, as well as all supporting documents, should be emailed to each SCI Fellowship program for which you wish to apply. There may be supplemental information requested by the program, but it should not duplicate the information you supply below, and could be requested after the Match.

National Resident Matching Program (NRMP)

All accredited SCIM fellowships participate in the NRMP. Much like in residency, the NRMP system allows you to rank the SCIM programs in order by preference, and a computer algorithm will match applicants to programs. An NRMP account number and registration in the SCIM Match is required in order to apply to an SCIM Fellowship.

SCIM Fellowship Application Important Dates	
August 15 th , 2018	Deadline to send this application and all supporting documents
August 15 th , 2018	Registration Opens on NRMP
Labor Day Week, 2018	Opportunity to interview with programs at ASCIP Annual Meeting
September 12 th , 2018	Rank List Opens on NRMP
Aug – October 17 th , 2018	Visit and interview with programs in person, if desired
October 17 th , 2018	Rank List Finalized on NRMP
October 31 st , 2018	Match Day

Application Checklist

Copy all supporting documents on the checklist below into an email, to be sent to each of the SCIM program coordinators of the institutions for which you would like to apply. **Send separate emails for each program (i.e. do not send one email to everyone).** A list of programs and contact information can be found here:

<http://www.academysciipro.org/sci-fellowship/>

<input type="checkbox"/>	SCIM Fellowship Application Form	<input type="checkbox"/>	Copy of Medical School Diploma
<input type="checkbox"/>	Personal Statement	<input type="checkbox"/>	Copy of Residency Diploma (if applicable)
<input type="checkbox"/>	Current CV (all time gaps should be accounted for)	<input type="checkbox"/>	ECFMG Certificate (if applicable)
<input type="checkbox"/>	USMLE/COMLEX Score Reports (All Steps/Levels)	<input type="checkbox"/>	Recent Photo (optional, but helpful)
<input type="checkbox"/>	Three Letters of Recommendation (Letters should be sent directly to program rather than in this packet, if requested by letter writer or fellowship program)		

Spinal Cord Injury Medicine (SCIM) Fellowship Application Form

Name (Last, First, Middle): _____ SSN: _____

Permanent Address: _____

Mailing Address (if different): _____

E-mail Address: _____ Telephone: _____

Date of Birth: _____ Citizenship: _____

Medical License: State: _____ License #: _____ NPI #: _____
(if applicable)

International Grads:	ECFMG Certificate #: _____ Certificate Date: _____
If you are not a U.S. Citizen:	Can you currently work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Visa Expiration Date: _____ Current Visa Type: _____ Expected Visa Type for Fellowship: _____

Education	Institution & City/State	Degree	Dates
Undergrad School:			
Graduate School:			
Medical School:			
Internship:			
Residency:			
Residency:			
Fellowship:			
Other:			

		Step 1	Step 2 CK	Step 2 CS	Step 3		Level 1	Level 2	Level 3
Score	USMLE					COMLEX			
Date									
Retook exam?		Y / N	Y / N	Y / N	Y / N		Y / N	Y / N	Y / N

Reference Name	Institution/Position	Phone	E-mail
1.			
2.			
3.			

Certification

- I certify that the information presented within the ASCIP Fellowship Application and curriculum vitae is complete and accurate. I acknowledge and agree that my submitting incomplete, misleading, or inaccurate information disqualifies me from consideration for, or if appointed from continued participation in, this training appointment.

- I certify that my residency program is accredited by the ACGME.

Certifying signature of applicant

Date of certifying signature