



Universal Fellowship Application for Neurology Programs

Program:

Complete each field below:

CONTACT INFORMATION:

Name (first and last): _____

Degree: _____

Email Address: _____

Phone Number: _____

Mailing Address (line 1): _____

(line 2): _____

City, State, Zip Code: _____

Citizenship: _____

J-1 Visa: No Yes – include a copy of your visa with your application

USMLE SCORES: (Please include a copy of the results)

USMLE Step I

Date: _____ Pass/Fail: _____ Score: _____

USMLE Step II

Clinical Knowledge

Date: _____ Pass/Fail: _____ Score: _____

Clinical Skills

Date: _____ Pass/Fail: _____ Score: _____

USMLE Step III

Date: _____ Pass/Fail: _____ Score: _____



MEDICAL EDUCATION:

Medical School: _____ **Year Graduated:** _____

Internship: _____ **Year Graduated:** _____

Residency: _____ **Year Graduated:** _____

***If you are a FMG, please include a copy of your ECFMG certificate**

CURRENT / PRIOR GME TRAINING:

Discipline: _____

Institution & Location: _____

Dates Attended: _____

Discipline: _____

Institution & Location: _____

Dates Attended: _____

RECOMMENDATION LETTERS:

3 letters of recommendation are recommended. 1 must be from your current, or most recent, Program Director and 2 from faculty that you have worked with during the past 12 months.

Please list the faculty who will provide letters of recommendation.

Name	Title	Email Address
	Program Director	

Along with the completed application please include:

- Curriculum Vitae
- Personal Statement
- Visa (if applicable)
- USMLE Results
- ECFMG Certificate (if applicable)

Email completed application and additional documents to: [Click Here](#)