



**Universal Fellowship / Training Program  
 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: [Email Link](#)