

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
DEPARTMENT OF NEUROLOGY
FELLOWSHIP APPLICATION**

APPLICANT NAME		
Last Name	First	Middle

FELLOWSHIP TYPE			
This application is being made for (please check one):			
<input type="checkbox"/> Neurohospitalist	<input type="checkbox"/> Clinical Neurophysiology	<input type="checkbox"/> Neuromuscular	<input type="checkbox"/> Other _____

Training period for which applying:	Start date	End date
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PERSONAL DATA			
Other names used:			
Present Address			
Street	City	State	Zip code
Permanent Address			
Street	City	State	Zip Code
Telephone			
Home	Work	Mobile	Fax
Email:			
Date of Birth:		Place of Birth:	
Citizenship:		Social Security Number:(optional)	
If not a U.S. Citizen, type of Visa:			

EDUCATION				
(Mo/Yr)	(Mo/Yr)	(Undergraduate School)	(Major)	(Degree)
TO				
(Mo/Yr)	(Mo/Yr)	(Medical School)		(Degree)
TO				
(Mo/Yr)	(Mo/Yr)	(Residency)		(Specialty)
TO				
(Mo/Yr)	(Mo/Yr)	(Other GME, if applicable)		Area of Training
TO				

OTHER EDUCATION, TRAINING OR HOSPITAL RESEARCH	
(Mo/Yr) (Mo/Yr)	
TO	
(Mo/Yr) (Mo/Yr)	
TO	

USMLE OR COMLEX INFORMATION				
	USMLE/COMLEX #	Date Taken	Pass/Fail	Three-digit Score Total/MP
USMLE/COMLEX Step 1				
USMLE/COMLEX Step 2 CK				
USMLE/COMLEX Step 2 CS				
USMLE/COMLEX Step 3				

If Foreign Trained, Have You Taken:
 ECFMG Exam Yes No Where _____ Date _____ Certificate # _____

Please Indicate Any Areas of Board Certification		
Board	Area of Certification	Date of Certification

Honors, Awards, Publications, Presentations, Memberships, Leaderships/Research Experience
 Please include this information in your CV

LETTERS OF RECOMMENDATION AND/OR REFERENCES
 Please list the individuals who will be writing the letters for you and forwarding them to the Medical University of South Carolina. At least three are required.

Reference #1	
Name	Institution
Reference #2	
Name	Institution
Reference #3	
Name	Institution

For your application to be complete and considered, please submit the following items: Fellowship application, personal statement, CV and three letters of recommendation.

I hereby certify that all of the information on this application is accurate, complete and current to the best of my knowledge, and that this application is being made for serious consideration of training in the Fellowship program indicated.

Signature	Date

Attached a recent photograph:

