



Icahn  
School of  
Medicine at  
Mount  
Sinai

## Department of Neurology Fellowships Program Application

Applicant Name		
<i>Last name</i>	<i>First</i>	<i>Middle</i>

This application is being made for a fellowship in (please check one):	
Fellowship Type	Accreditation
<input type="checkbox"/> BEHAVIORAL NEUROLOGY	UCNS
<input type="checkbox"/> EPILEPSY	ACGME
<input type="checkbox"/> HEADACHE	NON-ACGME
<input type="checkbox"/> MOVEMENT DISORDERS	NON-ACGME
<input type="checkbox"/> MULTIPLE SCLEROSIS	NON-ACGME
<input type="checkbox"/> NEUROGENETICS	NON-ACGME
<input type="checkbox"/> NEUROMUSCULAR	ACGME
<input type="checkbox"/> NEURO-ONCOLOGY	UCNS (pending)
<input type="checkbox"/> NEURO-OTOLOGY	NON-ACGME
<input type="checkbox"/> NEURO-PHYSIOLOGY	ACGME
<input type="checkbox"/> NEURO-VASCULAR	ACGME

**Please affix a recent passport-sized photo here.**

**If submitting electronically, include a recent passport-style photo in .JPG format with the application.**

Training period for which applying:	<i>Start date</i>	<i>Finish date</i>
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Personal Data			
<b>Other names used:</b>			
<b>Present Address</b>			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
<b>Permanent Address</b>			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
<b>Telephone</b>			
<i>Home</i>	<i>Work</i>	<i>Mobile</i>	<i>Fax</i>
<i>Email</i>			

Education				
(Mo/Yr)	(Mo/Yr)	(Undergraduate School)	(Major)	(Degree)
<b>to</b>				
(Mo/Yr)	(Mo/Yr)	(Graduate School, if applicable)		(Degree)
<b>to</b>				
(Mo/Yr)	(Mo/Yr)	(Medical School)		(Degree)
<b>to</b>				
(Mo/Yr)	(Mo/Yr)	(Residency)		(other)
<b>to</b>				
(Mo/Yr)	(Mo/Yr)	(Other GME, if applicable)		Area of training
<b>to</b>				
(Mo/Yr)	(Mo/Yr)	(Other GME, if applicable)		Area of training
<b>to</b>				

Other Experience	
<b>In chronological order, list other educational experiences, jobs, military service or training that is not accounted for above.</b>	
(Mo/Yr)	(Mo/Yr)
<b>to</b>	
(Mo/Yr)	(Mo/Yr)
<b>to</b>	
(Mo/Yr)	(Mo/Yr)
<b>to</b>	

National Boards							
<b>Please indicate national board examination dates and results received.</b>							
USMLE Step 1		USMLE Step 2				USMLE Step 3	
Date passed	Score (optional)	CK - Date passed	Score (optional)	CS - Date passed	Score (optional)	Date passed	Score (optional)
For graduates of international medical schools, are you ECFMG-certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date certified (Mo/Yr):							
COMLEX Level 1		COMLEX Level 2		COMLEX Level 3			
Date passed	Score (optional)	Date passed	Score (optional)	Date passed	Score (optional)		

Medical Licensure			
<b>Please list any states in which you hold a license to practice medicine. Please provide a license number. If an application is pending in a state, please write "pending."</b>			
(State)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
(State #2)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been reprimanded, or had your license suspended or revoked in any of these states?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	
Have you ever been named in (and/or had a judgment against you) in a medical malpractice legal suit?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	

Board Certification		
<b>Please indicate any areas of board certification.</b>		
Board	Area of Certification	Date of Certification
Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience		

Please list on attached application forms or include this information in your CV.

**Letters of Recommendation and/or References**

Please list the individuals who will write your letters of recommendation. At least three are required.

**Reference #1**

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

**Reference #2**

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

**Reference #3 (optional)**

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

**Reference #4 (optional)**

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

**Signature (may omit if submitting electronically)**

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 indicated. I understand that accepting more than one fellowship position constitutes a violation of professional ethics and may result in the forfeiture of all positions.

<i>Signature</i>	<i>Date</i>
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**Honors and Awards** *(if explicitly listed on CV, include highlights here with reference to location on CV)*

**Publications and Presentations** *(if explicitly listed on CV, include highlights here with reference to location on CV)*

**Memberships and Leadership/Research Experience** *(if explicitly listed on CV, include highlights here with reference to location on CV)*

<b>Application Packet Check-list</b>	
✓	<b>Fellowship Application Form with Signature</b>
✓	<b>Updated Curriculum Vitae (CV)</b>
✓	<b>Included cover letter and/or personal statement</b>
✓	<b>Checked with the fellowship director or coordinator whether there are other items that should be included</b>
✓	<b>Included photo</b>