



Barrow Neurological Institute
 at Phoenix Children's Hospital
 1919 E. Thomas Road
 Phoenix, AZ 85016
 Tel: (602) 933-0923
 Fax: (602) 933-2381
 email: nsfellowship@phoenixchildrens.com

Pediatric Neurosurgery Fellowship Application

Academic Year(s) Applying for:
 (Academic Year Starts July 1 through June 30, fellowship duration 12 months) DOB:

Last Name: First Name: Middle Name:

Present Address:

Permanent Address:

Day phone: Cell phone: E-mail:

Education

Medical School: Year Completed

Undergraduate School: Year Completed

Do you currently hold, or have you ever held, a State Medical License? Yes No State(s) in which you hold/held a license to practice medicine:

State	License #	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been denied a medical License or had a license revoked? Yes No If yes, explain why in the space below:

International Medical Graduates Only

ECFMG Exam

Not applicable Yes No Certificate No.: Expiration Date:

USMLE Scores/ Percentile
 Yes No Step I % Step II % Step III %



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Residency/Fellowships/Internship

Other education, training or clinical research experience: (please list in chronological order, including your present position)

Univeristy/Hospital	Training Type	Specialty	Dates:	ACGME Accreditation

References:

Please list the names and institutions of three physicians who will be writing letters for you:
 (One of the letters of recommendation must be from your program director)

Name	Title	University/Hospital

Immigration Status:

U. S Citizenship Status Yes No If no, Country of Citinzenship

SSN

A#

Permanent Resident ? Yes No

Applicants for the Pediatric Neurosurgery fellowship must have:

1. Completion of an ACGME or AOA accredited residency in neurological surgery or equivalent training
2. Board-eligible for American Board of Neurological Surgery
3. Eligible for an Arizona Medical License

When applying please do not forget to submit along along with your completed application your curriculum vitae, a personal statement and request three letters of recommendation.

Sign

Date:

E-mail or fax a completed copy of this form and your CV to the fellowship director at (602) 933-2381
 or nsfellowship@phoenixchildrens.com (Please include a cover letter).