



Phoenix Children's

1919 E. Thomas Rd.
Tel.: (602) 933-0923
Fax: (602-933-2381)
Email: nsfellowship@phoenixchildrens.com



Barrow
Neurological Institute

Pediatric Neurosurgery Fellowship Application

Academic Year(s) Applying For:

Academic year starts July 1 - June 30, fellowship duration 12 months

Last Name:

First Name:

Middle:

DOB:

Present Address:

Permanent Address:

Day Phone:

Cell Phone:

Email:

Education

Year of Completion:

Medical School:

Undergraduate:

Do you currently hold, or have you ever held a State Medical License?

State:

License #:

Expiration Date:

Yes

No

Have you ever been denied a medical License or had a license revoked? If yes, explain why in the space below:

Yes

No

International Medical Graduates Only

ECFMG Exam

Not Applicable

Yes

No

Certificate No.:

Expiration:

USMLE Scores/Percentile

Yes No

Step I

 %

Step II

 %

Step III

 %



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Residency/Fellowships/Internship

University/Hospital	Training Type	Specialty	Dates	ACGME Accreditation

References

Name	Title	University/Hospital

Immigration Status

US Citizenship Status Yes No If no, Country of Citizenship _____

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

Signature

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)