



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

USMLE Scores/Percentile

Yes No

Step I

%

Step II

%

Step III

%

International Medical Graduates Only

ECFMG Exam Not Applicable Yes No

Certificate No.:

Expiration:



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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 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)