



**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

**Medical School:**  **Year of Completion:**

**Undergraduate:**

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

Yes

No

**State:**

**License #:**

**Expiration Date:**

**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:



**Phoenix Children's**



**Barrow**  
Neurological Institute

# Pediatric Neurosurgery Fellowship Application

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

## 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)