

**APPLICATION FOR NEUROLOGY SUBSPECIALTY FELLOWSHIP**

Fellowship Application for - \_\_\_\_\_ Year - \_\_\_\_\_

CLINICAL NEUROPHYSIOLOGY (  EEG/Epilepsy major track OR  EMG major track)

VASCULAR NEUROLOGY (STROKE)

**Personal Data**

Name (Last, First, Middle)	Social Security Number
Address where you can be best reached	Day Phone: Cell Phone: <b>*email:</b>
Permanent Address	
Emergency Contact person (name and address)	Phone:
Citizenship status: <input type="checkbox"/> US <input type="checkbox"/> Other - _____	Visa status (if applicable): <input type="checkbox"/> Permanent <input type="checkbox"/> J-1 <input type="checkbox"/> H-1 <input type="checkbox"/> Other _____

**Prerequisites**

*I have passed the following examinations:*

USMLE Step 1 (or COMLEX 1) Date: \_\_\_/\_\_\_/\_\_\_ 3 digit score: \_\_\_\_\_ 2 digit score: \_\_\_\_\_  Not yet taken

USMLE Step 2 (or COMLEX 2) Date: \_\_\_/\_\_\_/\_\_\_ 3 digit score: \_\_\_\_\_ 2 digit score: \_\_\_\_\_  Not yet taken

USMLE Step 3 (or COMLEX 3) Date: \_\_\_/\_\_\_/\_\_\_ 3 digit score: \_\_\_\_\_ 2 digit score: \_\_\_\_\_  Not yet taken

ECFMG NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

I have a standard certificate from the ECFMG, and am attaching a copy.

I have a full and unrestricted license to practice medicine in New York State or another state in the US.

Yes  No

New York State License number: \_\_\_\_\_ Year: \_\_\_\_\_

Other state/territory licensed in \_\_\_\_\_ License No. \_\_\_\_\_ Year \_\_\_\_\_

Has there ever been any action taken against you for professional misconduct or malpractice, or has any disciplinary action been taken concerning your performance in prior residency training positions or in medical school?  Yes  No If yes, please supply any information on a separate sheet.

**Education***List all your college, pre-med, medical school and graduate experience in chronological order*

School / Medical Facility / Institution	Major / Specialty	Dates attended From - to (mo/yr)	Degree obtained

**Professional post-graduate or institutional experience***List all your residency / postgraduate experience in chronological order*

Hospital or institution	City & State	Title / PGY level	Specialty	From (mo/day/yr)	To (mo/day/yr)

This application must be accompanied or followed by

1. Curriculum vitae and Bibliography
2. A personal statement
3. Letters of recommendation from 3 physicians who have worked with the applicant in the last 3 years. If the applicant is enrolled in a residency program, a letter from that program director must also accompany this application
4. Copies of USMLE scores, ECFMG certificate

I certify that all information provided is true and accurate. I understand that any misleading or false information may be sufficient cause for immediate dismissal in the event of my appointment to this SUNY residency / fellowship program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Address for correspondence:**

Clinical Neurophysiology fellowship

Geetha Chari, M.D.

Program Director

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Vascular Neurology (Stroke) fellowship

Nikolaos Papamitsakis, M.D.

Program Director

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