SUNY Downstate Medical Center | Department of Neurology

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: ***email:**
Permanent Address	
Emergency Contact person (name and address)	Phone:
Citizenship status: ☐ US ☐ Other - _____	Visa status (if applicable): ☐ Permanent ☐ J-1 ☐ H-1 ☐ 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 your college, 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

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
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 118
Brooklyn, NY 11203
Phone: 718 270 2042
Fax: 718 270 3748
email – Geetha.Chari@downstate.edu

Vascular Neurology (Stroke) fellowship
Alison Baird, M.B., B.S., FRACP, Ph.D.
Program Director
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 1213
Brooklyn, NY 11203
Phone: 718 221 5188
Fax: 718 270 3840
email – Mary.Lombardo@downstate.edu