

Emory University Department of Neurology Fellowship Application

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|---|-------------------------|
| Name (Last, First Middle): | Photo (Optional) |
| Social Security Number: | |
| Gender: | |
| Date of Birth: | |
| Race: | |
| Ethnicity: | |
| Current Address: | |
| Current Telephone: Day: Evening: | |
| E-mail Address: | |
| Permanent Address: | |
| Permanent Telephone: | |
| Citizenship: U.S. Other If Other: <u>Visa:</u> Permanent J-1 H-1B | |
| Undergraduate School: Major, Degree, Year: | |
| Medical School: Degree, Year, Class Rank | |
| Graduate School: Major, Degree, Year: | |
| Neurology Residency: Name of Chairman, Year: | |
| Letters of Recommendation will be mailed from: 1) 2) 3) | |
| Application for Fellowship in: <input type="checkbox"/> CNP-EEG/Epilepsy <input type="checkbox"/> CNP-EMG/Neuromuscular <input type="checkbox"/> CNP- General <input type="checkbox"/> CNP-Pediatric Epilepsy (Check all that apply) <input type="checkbox"/> Epilepsy <input type="checkbox"/> Neurobehavior <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Sleep <input type="checkbox"/> Stroke | |
| For Fellowship Beginning: Month: Year: | |
| Signature of Applicant: | |

Instructions: Email completed Application, current Curriculum Vitae, a copy of your medical school diploma and USMLE score reports, ECFMG certificate (if applicable), and a one-page Personal Letter which describes your clinical and research interests, background, and career plans, to:

Emory University's Department of Neurology Fellowship Programs
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 Atlanta, GA 30329
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emory_cnp@emory.edu