

Parkland Memorial Hospital / University Hospitals Dallas Veterans Affairs Medical Center
Children's Medical Center / Texas Scottish Rite Hospital

PROGRAM PREREQUISITES

- Successful completion of an ACGME accredited Residency of a Neurology or Child Neurology Program (or if applicable Psychiatry, Physical Medicine and Rehabilitation Residency, or similar).
- U.S. Citizenship, Permanent Residency, or J-1 Visa

APPLICANT INFORMATION

Complete all sections. Please enter your name as it appears on your license.

Full Name: _____ DOB: _____
LAST FIRST M.I.

Address: _____
STREET ADDRESS APT/UNIT #

CITY STATE ZIP CODE

Email Address: _____

Social Security No.: _____ Place of Birth: _____

US Citizen EAD/Green Card J-1 Visa Expiration _____

If applicable, please include a copy of your ECFMG certificate with this application.

ECFMG Certificate: _____ ECFMG No.: _____ Issued Date: _____ Expiration _____
(Yes/No)

Current PGY level: _____ Desired Fellowship start date: _____

SELECT WHICH NEUROLOGY & NEUROTHERAPEUTICS FELLOWSHIP(S) YOU ARE APPLYING FOR:

- | | | |
|---|---|--|
| <input type="checkbox"/> Autoimmune Neurology | <input type="checkbox"/> Autonomic Disorders | <input type="checkbox"/> Behavioral Neurology |
| <input type="checkbox"/> Clinical Neurophysiology (Adult) | <input type="checkbox"/> Clinical Neurophysiology (Pediatric) | <input type="checkbox"/> Epilepsy (Adult) |
| <input type="checkbox"/> Epilepsy (Pediatric) | <input type="checkbox"/> Headache Medicine | <input type="checkbox"/> Movement Disorders |
| <input type="checkbox"/> Neuroimmunology –MS | <input type="checkbox"/> Neuromuscular (Adult) | <input type="checkbox"/> Neuromuscular (Pediatric) |
| <input type="checkbox"/> Neuro-oncology | <input type="checkbox"/> Sleep Medicine | <input type="checkbox"/> Sports Neurology |
| <input type="checkbox"/> Vascular Neurology | | |

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EDUCATION

INTERNSHIP, RESIDENCY, FELLOWSHIP TRAINING

Institution	Degree	From MM/DD/YYYY	From MM/DD/YYYY	Graduated (Yes or No)

MEDICAL SCHOOL

Institution	Degree	From MM/DD/YYYY	From MM/DD/YYYY	Graduated (Yes or No)

GRADUATE SCHOOL

Institution	Degree	From MM/DD/YYYY	From MM/DD/YYYY	Graduated (Yes or No)

UNDERGRADUATE SCHOOL

Institution	Degree	From MM/DD/YYYY	From MM/DD/YYYY	Graduated (Yes or No)

LICENSE AND CERTIFICATION

Texas Medical Board License			Drug Enforcement Administration Certificate		
Number	Issued	Expires	Number	Issued	Expires

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RESEARCH / AWARDS / EXTRACURRICULAR ACTIVITIES (during residency)

PREVIOUS EMPLOYMENT

Company or Institution: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____
Responsibilities: _____

Company or Institution: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____
Responsibilities: _____

Please submit the following documents with your completed application:

- a. Current Curriculum Vitae
- b. Three letters of recommendation, one from Residency Program Director evaluating your performance.
Two additional references from full-time Faculty members or Physicians who have knowledge of your clinical ability.
- c. Personal Statement describing your interest in a Neurology fellowship at UT Southwestern Medical Center and your career goals.
- d. Exam Score reports for USMLE Step 1, USMLE Step 2 CS, USMLE Step 2 CK, USMLE Step 3, (or COMLEX Level 1, COMLEX Level 2, COMLEX Level 2 (PE) and COMLEX Level 3).
- e. Photo

This form and supporting materials should be emailed to: Neurofellowship@UTSouthwestern.edu
Or mailed to: UT Southwestern Medical Center, Neurology Fellowship Academic Office, 5323 Harry Hines Blvd., J3.118, Dallas, TX 75390-9036
(check with specific program director or fellowship website for application deadlines)