

Emory University Department of Neurology Fellowship Application

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: (Check all that apply)	Epilepsy	CNP-EEG/Epilepsy
	Movement Disorders	Neurobehavior
		Stroke
		Sleep
		Pediatric Neurology
For Fellowship Beginning:	Month:	Year:
Signature of Applicant:		

Instructions: Forward 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 Department of Neurology Fellowship Programs
 12 Executive Park Drive, Suite 331
 Atlanta, GA, 30329
 PH: (404) 727-5159 Fax: (404) 727-4746
emory_cnp@emory.edu