

Neuroendovascular Surgery/Interventional Neuroradiology Fellowship

Position Desired:

- Resident (indicate program year) Visiting Fellow (indicate program year) Beginning (date)

Position Desired: _____

PLEASE PRINT OR TYPE

NAME (Last) (First) (Middle) Social Security Number

CURRENT ADDRESS (Street) Apt# (City & State) (Zip Code)

PERMANENT ADDRESS (Street) Apt# (City & State) (Zip Code)

CURRENT TELEPHONE # PERMANENT TELEPHONE#

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GENERAL INFORMATION

Are you a citizen of the United States? Yes No

If answer is "No" give:

Type of Visa: _____ Alien Registration # _____

Do you have the legal right to work in the United States? Yes No

Do you have any physical, emotional, or medical disability that would preclude you from performing your duties if you are appointed? Yes No

If yes, please give details:

Please attach a PERSONAL STATEMENT. You may include your professional interests, achievements, and plans for the future including your ultimate goal for a specialty, and your anticipated geographic location. Reference may be made to research experience and training, special projects or scientific work and any notable professional accomplishments you have achieved. Bibliographic references should be provided for all published papers. You may also wish to describe your personal interests, activities and circumstances, including your family and household.

REFERENCES

Please request at least three of your teachers in medicine/dentistry or physicians under whom you have worked to send letters of recommendation to the Director of Service of the program you are applying for. List the names and addresses of the physicians who will be writing the letters about you.

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Please return a completed application to the Director of Service of the program to which you are applying, The Presbyterian Hospital, New York Presbyterian Hospital: The University Hospitals of Columbia & Cornell, The Neurological Institute, 710 West 168th Street, 4th Floor, Room 404, New York, NY 10032-3784.

