

UNIVERSITY OF WASHINGTON  
Department of Neurological Surgery  
APPLICATION FOR FELLOWSHIP

Name \_\_\_\_\_  
Last First Middle

For which fellowship are you applying? \_\_\_\_\_ Date that you can begin \_\_\_\_\_  
Date

Address & telephone \_\_\_\_\_ Information of someone who can always reach you \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_

If Applicable:

ECFGE# \_\_\_\_\_ Type of Visa \_\_\_\_\_ VISA# \_\_\_\_\_

PREMEDICAL EDUCATION

College & Location	Major	Dates of Attendance	Degree & Date Awarded
_____	_____	_____	_____
_____	_____	_____	_____

College & Location	Dates of Attendance	Degree & Date Awarded
_____	_____	_____
_____	_____	_____

INTERNSHIPS, RESIDENCIES, FELLOWSHIPS

Hospital	Location	Specialty	Dates Begun & Completed
_____	_____	_____	_____
_____	_____	_____	_____

National Board or FLEX scores \_\_\_\_\_

Are you licensed to practice medicine? \_\_\_\_\_ in which state(s) \_\_\_\_\_

- Please ask the Dean of your medical school to send a Dean's letter of reference and a transcript
- Please request at least three (3) letters of recommendation from faculty of your medical school or professional staff of hospitals where you have worked. Additional recommendations may be requested
- Please write a brief narrative describing your interest in the field of Neurological Surgery and your ultimate professional objectives (Personal Statement)

Membership in professional societies:

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Honors, Scholarships and Grants: \_\_\_\_\_

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Publications: \_\_\_\_\_

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Military service and present status: \_\_\_\_\_

**YES** answers to the following questions require written explanations on a separate sheet and do not necessarily preclude acceptance.

Have you ever been involved in a malpractice lawsuit or claim, whether or not you were individually named as a defendant?

Have you ever been called before any entity for questioning concerning unprofessional conduct, incompetence, unsafe practices, or mental or physical impairment?    **YES**    **NO**

If you are licensed to practice medicine, has any such license ever been denied, revoked, suspended or restricted?  
**YES**    **NO**

Have you ever been addicted to or treated for addiction to a controlled substance, drug or chemical?  
**YES**    **NO**

Have you ever used a prescription drug, including controlled substances, for other than therapeutic purposes?  
**YES**    **NO**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

MAIL COMPLETED APPLICATION TO:

RICHARD G. ELLENBOGEN, M.D. - CHAIRMAN  
 C/O PROGRAM COORDINATOR  
 DEPARTMENT OF NEUROLOGICAL SURGERY  
 UNIVERSITY OF WASHINGTON  
 325 NINTH AVE BOX 359924  
 SEATTLE, WA 98104

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