



DUKE UNIVERSITY HEALTH SYSTEM
Neuropathology Fellowship Application

Application for Academic Year:

Applicant Name

Last

First

Middle

Personal Data

Current Address:

Telephone:

Email:

Education	Dates of Attendance From/To (Mo/Yr)	Degree	Location (City, State, Country)
Undergraduate			
Graduate (if applicable)			
Medical School			
Residency			
Other GME (if applicable)			

Other Notable Experience (other education, jobs, military service, or leadership activities)

Dates of Experience From/To (Mo/Yr)	Description	Location (City, State, Country)

Country of citizenship _____

National Boards					
USMLE Step 1		USMLE Step 2		USMLE Step 3	
Date passed	Score	Date passed	Score	Date passed	Score

COMLEX Level 1		COMLEX Level 2		COMLEX Level 3	
Date passed	Score	Date passed	Score	Date passed	Score

ECFMG Certificate	
Certificate Number	Date Granted

Board Certification		
Board	Area of Certification	Date

Medical Licensure			
State	Date Issued	Medical License Number	Active (Y/N)

Have you ever been reprimanded or had your license suspended or revoked? (Y/N) *If "yes" please explain in an attached sheet.*

Have you ever been named in, and/or had a judgement against you in a medical malpractice legal suit? (Y/N) *If "yes" please explain in an attached sheet.*

People from whom letters of recommendation have been requested			
Name	Title	Institution	Address, Email, and Telephone

<i>I hereby certify that all of the information on this application is accurate and complete to the best of my knowledge.</i>
Signature
Date

Return this completed application, a copy of your curriculum vitae, a one-page personal statement, and cover letter to:

Brittany Harris
brittany.harris@duke.edu
Neuropathology Program Fellowship Coordinator
Duke University Medical Center, Durham, NC 27710