



EPILEPSY FELLOWSHIP APPLICATION FORM

Applicant Information

Full Name: _____ Degree (MD,DO): _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone No.: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Desired Start Date: _____ Social Security No.: _____

Emergency Contact: _____
Name Phone Number

Are you a U.S. citizen / permanent resident or authorized to work in the U.S. without a visa? YES NO If no, are you J-1 Visa sponsorship eligible? YES NO

Are there any circumstances that would limit your ability to be licensed / practice medicine? YES NO If yes, please attach an explanation (Attachment A).

Have you ever been subject to a corrective action (probation, suspension, termination)? YES NO If yes, please attach an explanation (Attachment B).

Have you ever been named in a malpractice lawsuit? YES NO If yes, please attach an explanation (Attachment C).

Has your medical license ever been suspended, revoked or voluntary terminated? YES NO If yes, please attach an explanation (Attachment D).

Have you ever been convicted of a misdemeanor or felony in the United States? YES NO If yes, please attach an explanation (Attachment E).

Documents Required With Application Form

Current Curriculum Vitae; include info on education/training (institution names & start/end dates) and medical licenses.

Personal Statement; describe reasons for selecting fellowship training in Epilepsy and your career goals in 500-1000 words.

Copies of Medical School Diploma, USMLE and/or COMLEX Transcripts, and (if applicable) ECFMG Certificate

We also require three letters of recommendation. One letter of recommendation must be from the Neurology Residency Program Director where you most recently trained. Letters of recommendation may be sent via email to our Program Director by your faculty directly, or may be sent by you electronically with your Epilepsy Application Packet or in a separate email.

Disclaimer and Signature

By typing my full name below, I certify that my answers are true and complete to the best of my knowledge, and I understand that false or misleading information during application or interview may result in application rejection, or dismissal if admitted for training.

Full Name: _____ Date: _____

This application can be filled electronically and saved in Portable Document Format (PDF) when complete.
 Please submit completed Application Form with required documents to
 Dr. Shan Abbas, Epilepsy Fellowship Program Director, at shan.abbas@spectrumhealth.org