



Academic Year Applying for):

(Academic Year: Duration, 12 months)

# **DEMOGRAPHIC DATA**

Date of Birth DD-MM-YYYY:
Last Name:
First Name:
Present Address:
Main phone: Cell phone:
E-mail:
EDUCATION DATA
Undergrad Medical School:
Postgrad Medical School:
Years of Postgraduate Training:

	State	License No.	Expiration Date
Have you held, a state medical			
license?			







Have you ever h	been denied a medica	l license or had a licer	se revoked? Yes:	No:	

If yes, explain why?:

Have you ever had an English test proficiency exam? Yes:	No:
which one?	_ Score:

# **Residency/ Fellowships/Internship**

Other education, training or clinical research experience?

University/Hospital	Training Type	Specialty	Dates	Certification
				Туре







#### **References:**

Please list the names and institutions of three physicians who will be writing letters for you

Name	Title	University/Hospital

# VISA STATUS

Country of birth \_\_\_\_\_

Country of residency: \_\_\_\_\_

Do you have U.S.A visa: YES ( ) NO ( )

Type of visa: \_\_\_\_\_

Expiration: \_\_\_\_\_

# Applicants for the International Neurotrauma fellowship must have:

- 1. Original and copy of the certification from a neurological surgery program
- 2. Full vaccination schedule (vaccination card with updated information on vaccines against yellow fever, hepatitis B, tetanus and influenza.)
- 3. International covering health insurance
- 4. One Photo white background, size 3 X 4
- 5. Copy of identity document







- 6. Negative COVID-19 test
- 7. Curriculum vitae of the applicant

When applying please do not forget to submit along with your completed application your curriculum vitae including peer review publications citations, a personal statement and request three letters of recommendation.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail or fax a completed copy of this form and your CV to the fellowship director in Colombia at (57) 313 521 41 32 or <u>asistenciafundacionmeditech@gmail.com</u> or to the fellowship director in USA at (602) 933-3093 Tania Mays or <u>tmays@phoenixchildrens.com</u> (Please include a cover letter).