

UNIVERSITY OF IOWA NEUROSURGERY PRE-CLINICAL FELLOWSHIP

Director: Matthew A. Howard, III, M.D.
Associate Director: Arnold Menezes, M.D.
Department Administrator: Jessica McAllister, M.H.A.

Applications are now being accepted for a 1 to 2 year Pre-Residency Neurosurgery Fellowship beginning fall/winter of 2008. This fellowship provides the candidate the opportunity to participate fully in the clinical and teaching activities of the University of Iowa neurosurgery residency training program. Fellows are supervised by internationally recognized faculty members and receive extensive exposure to the full range of clinical neurosurgery. International applicants are welcome to apply. Previous fellows have been successful in making use of this training opportunity to subsequently secure U.S. accredited neurosurgery residency positions. Applicants must have passed the USMLE Steps I, II, and III and hold an ECFMG certificate.

Time Allocation

Percent of Fellowship devoted to operative care: 50%
Percent of Fellowship devoted to non-operative care
(Clinic, Inpt Hospital Care): 50%

Exposure by Diagnostic Category

Degenerative: 35%
Tumor: 10%
Trauma: 20%
Pediatric: 10%
Deformity: 10%
Vascular: 15%



[www.uihealthcare.com/
depts/med/neurosurgery](http://www.uihealthcare.com/depts/med/neurosurgery)

Dr. Matthew A. Howard, III, M.D.
**UIHC Department
of Neurosurgery**
200 Hawkins Drive
Iowa City, IA 52242
Phone: (319) 356-8468
Fax (319) 353-6605
Email:
matthew-howard@uiowa.edu

Application Process Checklist:

1. Application form
2. Curriculum vitae of applicant
3. One personal photograph
4. Two letters of reference

For Additional Information:

Please contact:
 Dr. Matthew A. Howard, III, M.D.
 (319) 356-8468
 matthew-howard@uiowa.edu

I. Personal Information

Name: _____
 Spouse: _____
 Current Address: _____

 Email Address: _____

(Please attach a copy with application)

Specialty Boards: _____

Today's Date _____

Social Security # _____ - _____ - _____

Telephone # _____

Cell Phone # _____

Pager # (if available) _____

Citizenship/Visa Status: _____

(Please attach a copy with application)

II. Business Address

Practice or Hospital: _____

Address: _____

Phone: _____

Fax: _____

Pager: _____

III. Educational Background

(Undergraduate and Post-Graduate) Name, Location, Dates and Degree:

Institution	Dates Attended	Degree
Undergraduate _____	_____	_____
Medical School _____	_____	_____
Internship _____	_____	_____
Residency _____	_____	_____
Other _____	_____	_____
Medical Licensure: State(s) _____		

REQUIRED

EXAMS

SCORE

PERCENTILE

USMLE I

USMLE II

USMLE III

ECFMG Certificate # _____

IV. Honors/Awards

V. Other Special Training or Skills (Languages, Computer, Certifications, etc.)

VI. Research Interests

VII. Letters of Reference

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____

VIII. Personal Statement (500 words or less) *Please attach separately*

APPLICATION DEADLINE:
April 1, for July Start
October 1, for January Start

Please send application materials by regular mail to:

Pre-Clinical Fellowship
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