

Unified Otolaryngology/Neurotology Fellowship Application

DEMOGRAPHIC

Name: _____
Last Middle First

Home Address: _____
Street Address City State Zip Code

Telephone (Home): (____) _____ (Work): (____) _____

Email: _____

Place of Birth: _____ Social Security #: _____ - _____ - _____

Citizenship: _____ Applying to begin Year: _____

Medical Licensure: _____ States: _____ Date: _____

USMLE 1 Date: _____

USMLE 2 Date: _____

USMLE 3 Date: _____

FLEX I Date: _____

FLEX II Date: _____

FLEX III Date: _____

National Board #: _____ Part I : _____ Score: _____

Part II: _____ Score: _____

Part III: _____ Score: _____

Board Certification State: _____ Date: _____

Board Eligibility State: _____ Date: _____

ECFMG (If applicable) #: _____ Expiration Date: _____

Type of Visa: _____ Held Needed

Have there ever been any disciplinary action taken against you by a licensing body, hospital, or professional

society? Yes No If "Yes", please explain. _____

EDUCATION

COLLEGE: _____ Dates: _____ - _____

City/State

MEDICAL SCHOOL: _____ Dates: _____ - _____

City/State

INTERNSHIP

Institution: _____ Dates: _____ - _____
City/State

OTOLARYNGOLOGY RESIDENCY

Institution: _____ Dates: _____ - _____
City/State

HONORS/AWARDS: _____

PROFESSIONAL SOCIETIES: _____

CAREER GOALS (Practice, Teaching, etc.): _____

REFERENCES

1) Name: _____ Title: _____
Address: _____ Phone: _____
2) Name: _____ Title: _____
Address: _____ Phone: _____
3) Name: _____ Title: _____
Address: _____ Phone: _____

PUBLICATIONS

Attach additional sheet if necessary.

MILITARY EXPERIENCE

Active Duty: _____ Dates: _____
Branch: _____ Highest Rank: _____
Reserve: _____ Commission: _____

PERSONAL STATEMENT

Please include your personal statement on a single enclosed sheet.