



THE UNIVERSITY OF CHICAGO
DEPARTMENT OF NEUROLOGY
5841 S. MARYLAND AVENUE, MC 2030
CHICAGO, IL 60637-1470

Application for Fellowship (check one): <input type="checkbox"/> Behavioral Neurology & Neuropsychiatry <input type="checkbox"/> Clinical Neurophysiology/EMG <input type="checkbox"/> Clinical Neurophysiology/Combo <input type="checkbox"/> Epilepsy <input type="checkbox"/> Epilepsy/Peds <input type="checkbox"/> Movement Disorders <input type="checkbox"/> Multiple Sclerosis (NeuroImmunology) <input type="checkbox"/> NeuroCritical Care <input type="checkbox"/> Neuromuscular Medicine <input type="checkbox"/> Vascular Neurology	Training Year: <input type="checkbox"/> 2021 – 2022 <input type="checkbox"/> 2022 – 2023 <input type="checkbox"/> 2023 – 2024 <input type="checkbox"/> 2024 – 2025 <input type="checkbox"/> 2025 – 2026	Training Year: <i>(NeuroCritical Care only)</i> <input type="checkbox"/> 2021 – 2023 <input type="checkbox"/> 2022 – 2024 <input type="checkbox"/> 2023 – 2025 <input type="checkbox"/> 2024 – 2026 <input type="checkbox"/> 2025 – 2027
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PLEASE – NO HANDWRITTEN APPLICATIONS

APPLICANT INFORMATION

Last Name	First Name
Street Address	
City	Mobile Telephone () -
State/Zip Code /	Email Address
Country	Social Security No. - -
Date of Birth / / (MM / DD / YYYY)	Place of Birth

CITIZENSHIP

Citizenship U.S. Citizen Permanent Resident

If not a citizen or permanent resident, please give visa status: _____

EDUCATION

Enter all dates in the (MM / DD / YYYY) format

Undergraduate	Date of Graduation	/ /
Medical School	Date of Graduation	/ /
Internship	Start Date	/ /
	End Date	/ /
Residency	Start Date	/ /
	End Date	/ /
USMLE Scores	Part I	Part II
		Part III
ECFMG Certificate No.	ECFMG Issue Date	/ /

You must provide an electronic copy of the USMLE Scores and your ECFMG Certificate.



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EXPERIENCE

Hospital and Research Practical Experience (use additional sheet if necessary):

In order to have your application reviewed you must also submit the following:

- 1) **Typed** application form (please do not leave any items blank)
- 2) Curriculum Vitae
- 3) Personal Statement that delineates your career plans and gives us a brief biography
- 4) USMLE and/or COMLEX Scores
- 5) ECFMG certificate (if applicable)
- 6) Three letters of recommendation addressed to “Director, Fellowship Program” – **email to mscofiel@uchicago.edu**.
- 7) A letter from your Residency Program Director addressed to “Director, Fellowship Program” – **email to mscofiel@uchicago.edu** – stating that he/she anticipates that you will successfully complete the program. If you have already completed your residency training the letter must state that you have successfully completed all of the requirements of that program.

Please send all application materials in pdf format to **mscofiel@uchicago.edu**