

ATTACHED
RECENT
PHOTO
HERE

WAKE FOREST UNIVERSITY/BAPTIST MEDICAL CENTER
The North Carolina Baptist Hospital, Inc.
and
Wake Forest University School of Medicine
Medical Center Boulevard
Winston-Salem, North Carolina 27157

Clinical Neurophysiology Fellowship Application

1st Year Categorical Program in:

- EEG/Epilepsy Pathway EMG Neuromuscular Pathway
 Other _____

PROPOSED BEGINNING DATE OF TRAINING: _____

FULL NAME _____
(Last) (First) (Middle)

PRESENT ADDRESS _____
(Street) (City-State) (Zip)

PERMANENT ADDRESS _____
(Street) (City-State) (Zip)

TELEPHONE _____
(Days) (Nights & Weekends)

SOCIAL SECURITY # _____ DATE OF BIRTH _____

PLACE OF BIRTH _____ CITIZENSHIP _____

MARITAL STATUS _____ SPOUSE'S NAME _____

GOVERNMENT OBLIGATIONS (Public Health Service, etc.) _____

PREMEDICAL EDUCATION (List Colleges, Degrees & Dates) _____

MEDICAL SCHOOL & DATES _____

ECFMG # _____ VISA STATUS _____

ACHIEVEMENTS (Awards, Honorary Societies, etc.) _____

POST GRADUATE EXPERIENCE (Internship, Residency, Fellowship, Clinical Practice & Dates)

NUMBER OF MONTHS DURING RESIDENCY IN EEG: _____

NUMBER OF MONTHS DURING RESIDENCY IN SLEEP: _____

NUMBER OF MONTHS DURING RESIDENCY IN EMG: _____

DO YOU HAVE A FULL LICENSE TO PRACTICE MEDICINE? Yes _____ No _____

If yes, give state(s) _____

FUTURE PLANS: Teaching _____ Private Practice _____ Generalist _____

Research _____ Specialist _____

FURTHER COMMENTS: _____

Ask three (3) people, including the Director of your core residency program, to send recommendations to us and list their names, addresses and telephone numbers below:

1. Core Residency Program Director: _____

2. _____

3. _____

PLEASE NOTE: Send applications and letters of recommendation to the department to which you are applying. If you have any questions, please contact that department or Ala Jo Koonts, House Officer Coordinator, North Carolina Baptist Hospital. Be sure to mention the department to which you are applying.

PLEASE RETURN TO: April Edwards, Department of Neurology
Wake Forest University School of Medicine
Medical Center Blvd, Winston-Salem, NC 27157
Phone: (336) 716-7548 E-Mail: apedward@wfubmc.edu