

**Vascular Neurology (Stroke) Fellowship/Training Application
Department of Neurology**

**The University of Texas Southwestern Medical School at Dallas
Affiliated Institutions**

**Parkland Memorial Hospital/ University Hospital – Zale Lipshy/University of Texas
Southwestern Medical School/Aston Ambulatory Care Center**

PHOTO

Please return one copy of the application
to:

Mark D. Johnson, MD
Associate Professor and Program Director
Vascular Neurology (Stroke) Fellowship
Program
Dept. of Neurology
UT Southwestern Medical Center
5323 Harry Hines Blvd.,
Dallas, Texas 75390-8897

**Telephone inquiries: 214/648-7811
Fax: 214/648-9311
Email: mark.johnson@utsouthwestern.edu**

Please send a personal statement that includes long-term career goals and your goals for this fellowship. Please arrange for three letters of recommendation to be sent to Dr. Mark D. Johnson at the above address.

Name: (First) _____ (MI) _____ (Last) _____

Date of birth: _____

Present address: _____ Telephone: _____

City/State/Zip: _____ email: _____

Permanent address: _____ Telephone: _____

City/State/Zip: _____

Fellowship start date: _____

PRE-MEDICAL EDUCATION

Name of institution	City/State	From (Mo./Yr.)	To (Mo./Yr.)	Degree/Major
High school				
College				
Graduate school				

MEDICAL EDUCATION

Name of institution	City/State	From (Mo./Yr.)	To (Mo./Yr.)	Degree

INTERNSHIP OR RESIDENCY TRAINING (if applicable)

Name of institution	City/State	From (Mo./Yr.)	To (Mo./Yr.)	Degree

Estimate your scholastic standing in your class: _____

National Board Scores:

Part I: _____ Part II: _____ Part III: _____ FLEX Score: _____
 USMLE: _____ Step 1: _____ Step 2: _____ Step 3: _____

Foreign Graduates or Non-citizens, please complete the following*:

Have you passed the FMGEMS exam? _____ If so, please send copy of certificate

Or Step 1, Step 2, and Step 3 of the USMLE? _____ If so, please send copy of certificate

Have you passed the English Proficiency Test? _____ If so, please send copy of certificate

*If applicable, please send copies of ECGMG, VQE and Par I/Part II of the NGME examinations

Visa status: _____ Please send copy of visa notarized as true copy of original document

Do you have a Texas medical license? _____ Number: _____

Honors (Medical school and postgraduate): _____

What hospital, graduate school, or medical research experience have you had (additional information may be attached):

List those writing letters of recommendation (name, address, position):

1. _____

2. _____

3. _____

Signature: _____ Date: _____