

**Neurophysiology/Neuromuscular Fellowship/Training Application
Department of Neurology**

**The University of Texas Southwestern Medical School at Dallas
Affiliated Hospitals
Parkland Memorial Hospital/Zale Lipshy University Hospital
Children's Medical Center**

Please return one copy of the application to:

Jaya R. Trivedi, M.D.
Neurophysiology Fellowship Program
Director

Paul C. Van Ness, M.D.
Neurophysiology Fellowship Program

Gil Wolfe, M.D.
EMG/Neuromuscular Fellowship Program
Director

Mailing Address:
Dept. of Neurology
UT Southwestern Medical Center
5323 Harry Hines Blvd.
Dallas, TX 75390-8897

Telephone inquiries: (214) 348-9518
Fax: (214) 648-9311
Email: Jaya.Trivedi@utsouthwestern.edu
Paul.Van_Ness@utsouthwestern.edu
Gil.Wolfe@utsouthwestern.edu

PHOTO

Type of Fellowship you wish to apply for:
Adult Epilepsy/EEG/Neurophysiology []
Pediatric Epilepsy/EEG/Neurophysiology []
Combined EEG/EMG Neurophysiology []
EMG/Neuromuscular []

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. Trivedi or Dr. Van Ness or Dr. Wolfe 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

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: _____