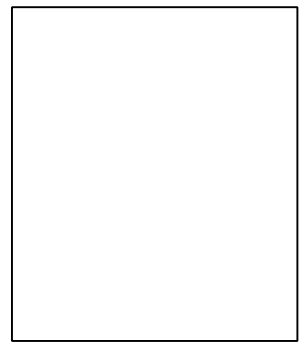


# Clinical Neurophysiology Fellowship

**Duke Department of Neurology**



Attach Photograph

**Start date:** July 1, 2023

**Name:**

*(Print or Type)*

**Birthplace:**

**Checklist:**

- Completed Application
- Letters of Reference
- USMLE Transcript
- ECFMG Certificate (if applicable)
- Curriculum Vitae

\_\_\_\_\_  
*(City, State, Country)*

**Preferred Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Permanent Address:**

*(if different from Mailing Address)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone: (Cell/Pager)** \_\_\_\_\_ **(Evening)** \_\_\_\_\_ **(Day)** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

Citizenship: \_\_\_\_\_

Visa Status (if non-U.S.) \_\_\_\_\_

**Education (Undergraduate/Premedical, Graduate School, Medical School)**

**Please fill in completely below; do not refer to CV.**

<b>Institution</b>	<b>Degree</b>	<b>Location</b> (City, State, Country)	<b>Matriculation date</b>	<b>Graduation date</b>

**Postgraduate Medical Training (Internship, Residencies, Fellowships) Please fill in completely below; do not refer to CV.**

<b>Institution/Program</b>	<b>Location</b> (City, State, Country)	<b>Start date</b>	<b>Completion date</b>

**Other Hospital or Laboratory Experience:**

\_\_\_\_\_

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**Letters of reference (2 or 3) will be forwarded from: (give names, titles, and addresses)**

1. \_\_\_\_\_  
**Name** **Title**

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**Street Address (or P.O. Box)** **City** **State** **Zip Code**

2. \_\_\_\_\_  
**Name** **Title**

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**Street Address (or P.O. Box)** **City** **State** **Zip Code**

3. \_\_\_\_\_  
**Name** **Title**

---

**Street Address (or P.O. Box)** **City** **State** **Zip Code**

**USMLE (or equivalent) Scores:**  
*Please attach transcript of your USMLE or COMLEX scores (Steps 1, 2 and 3).*

**Part 1** \_\_\_\_\_ **Date taken:** \_\_\_\_\_

**Part 2 CK** \_\_\_\_\_ **Date taken:** \_\_\_\_\_

**Part 2 CS** \_\_\_\_\_ **Date taken:** \_\_\_\_\_

**Part 3** \_\_\_\_\_ **Date taken:** \_\_\_\_\_

**ECFMG ID#:** \_\_\_\_\_ **(include certificate)**

**What are your current research, clinical or academic interests in Neurology and Headache/Facial Pain?**

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**What are your goals for fellowship training and for your career when you have completed your fellowship?**

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**Special honors, awards or society memberships, publications:**

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed application, USMLE transcripts, curriculum vitae, and reference letters to:**

Saurabh Sinha, MD, PhD  
Director, Clinical Neurophysiology Fellowship Program  
295 Hanes House, 315 Trent Drive  
Box 102350  
Durham, NC 27710