# frntbanrAPPLICATION

**Headache Fellowship**

**Department of Neurology**

**Duke University Medical Center**

**Durham, North Carolina**

Checklist:

* Completed Application
* USMLE Transcript
* ECFMG Certificate (if applicable)
* Curriculum Vitae
* Personal Statement
* Headshot portrait photo (attach via email with your name in title)

**Start date:**

**Name:**

**Birthplace:** (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.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Degree** | **Location**  (City, State, Country) | **Matriculation**  **date** | **Graduation**  **date** |
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|  |  |  |  |  |

**Postgraduate Medical Training (Internship, Residencies, Fellowships)**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution/Program** | **Location**  (City, State, Country) | **Start**  **date** | **Completion**  **date** |
|  |  |  |  |
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**Names of Faculty for Letters of Reference:**

***(Include names, titles, and e-mail addresses so we will know who to expect letters from and can contact you if any are missing).***

1.

2.

3.

**USMLE (or equivalent) Scores:**

**Please attach transcript of your USMLE 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)**

**Include in Personal Statement:**

**Present research or academic interests in Neurology:**

**Goals for fellowship training and for career when training completed:**

**Include in CV:**

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

**Date Signed**

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

**Sweta Sengupta, M.D.**

**Fellowship Director, Headache**

**Department of Neurology**

**Duke University Medical Center**

**DUMC 3333**

**Durham, NC 27710**

**Sweta.sengupta@duke.edu**