



Attach Photograph

APPLICATION

Headache Fellowship Duke University Durham, North Carolina

Checklist:

- Completed Application
- USMLE/COMLEX Transcript
- ECFMG Certificate (if applicable)
- Curriculum Vitae
- Personal Statement

Start date: July 1, 2026

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

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

Letters of reference (3) will be forwarded from: (Current Program Director preferred, but not required). Please list names, titles, and email addresses)

1.

2.

3.

**USMLE/COMLEX SCORES (please include both if you have taken both exams):
Please attach transcript of your USMLE/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:** _____

COMLEX EXAM REPORTS: _____/_____/_____/_____

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/COMLEX transcripts, CV, personal statement, and reference letters to:

Email preferred:

Christine.berry@duke.edu

Chris Berry, Program Coordinator
Neurology Fellowship Programs
Duke University Medical Center
DUMC Box 3909
Durham, NC 27710