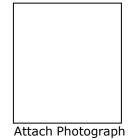


## **APPLICATION**



## Headache Fellowship Duke University Durham, North Carolina

<u>Checklist</u>: Completed Application

			0	USMLE/COMLEX T ECFMG Certificate applicable) Curriculum Vitae	ranscript (if	
Start date:	July 1, 2026		0	Personal Statemen	nt	
Name:						
Birthplace:	(City, State, Country)					
Dueferred 14						
Permanent .	Address:  Address:  Mailing Address)					
Telephone: E-mail addre		_(Evening)		(Day)		
Citizenship:		Visa Status (if non-U.S.):				
	completely below	Location	dical Sch	Matriculation	Graduation	
		(City, State, Country)		date	date	

Postgraduate Medical Training (Internship, Residencies, Fellowships)

Please fill in completely below; do Institution/Program	Location (City, State, Country)	Start date	Completio date
quired). Please list names, title	rwarded from: (Current Prograns, and email addresses)	1 Director prefe	rred, but not
equired). Please list names, title	rwarded from: (Current Prograns, and email addresses)	n Director prefe	rred, but not
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etters of reference (3) will be for equired). Please list names, titles	rwarded from: (Current Programs, and email addresses)	n Director prefe	rred, but not

Please attach transcript o	f your USMLE/COMLEX scores (S	teps 1, 2 and 3).
Part 1	Date taken:	
Part 2 CK	Date taken:	
Part 2 CS	Date taken:	<u></u>
Part 3	Date taken:	
COMLEX EXAM REPORTS:		
ECFMG ID#:	(include certificate)	
Include in personal states	nent:	
Present research or	academic interests in Neurology	y.
<ul> <li>Goals for fellowship</li> </ul>	training and for career when tra	aining completed.
Include in CV:		
	ards or society memberships, pul	blications.
Date	Signed	

**USMLE/COMLEX SCORES** (please include both if you have taken both exams):

Please return completed application, USMLE/COMLEX transcripts, CV, personal statement, and reference letters to:

<u>Email preferred:</u> <u>Christine.berry@duke.edu</u> Chris Berry, Program Coordinator Neurology Fellowship Programs Duke University Medical Center DUMC Box 3909 Durham, NC 27710