



## APPLICATION

### Headache Fellowship

**Department of Neurology**  
**Duke University Medical Center**  
**Durham, North Carolina**

Checklist:

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

**Start date: July 1, 2027**

**Name:** \_\_\_\_\_

**Preferred Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
(if different from Mailing Address)  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone: (Cell)** \_\_\_\_\_ **(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.**

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

**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. Please note one letter should come from your residency program director).*

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**USMLE Scores/COMLEX 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:** \_\_\_\_\_

**COMLEX Scores:**

**Please attach transcript of your COMLEX scores (Level 1, 2 and 3)**

**COMLEX Level 1** \_\_\_\_\_ **Date taken:** \_\_\_\_\_

**COMLEX Level 2** \_\_\_\_\_ **Date taken:** \_\_\_\_\_

**COMLEX Level 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/COMLEX transcripts, CV and reference letters to:**

**Alyssa Vallieres  
Program Coordinator  
Department of Neurology  
[alyssa.vallieres@duke.edu](mailto:alyssa.vallieres@duke.edu) (email preferred)**