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, 2028

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.

Institution/Program	**Location** (City, State, Country)	**Start date**	**Completion date**

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)

<u>Include in Personal Statement:</u>
Present research or academic interests in Neurology
Goals for fellowship training and for career when training completed

<u>Include in CV:</u>
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 (email preferred)