

**Michigan State University
Sparrow Health System**



**APPLICATION FOR FELLOWSHIP
PROGRAM IN EPILEPSY**

Name:

Degree:

Desired Start / Finish Dates:

Social Security Number:

Home Address:

Communication Numbers:

Work:

Home:

Fax:

Email:

Current Affiliation:

Dates:

Supervisor:

Address:

Medical School:

Dates:

Address:

Internship:

Dates:

Address:

Residency #1:

Dates:

Director:

Address:

Residency #2:

Dates:

Director:

Address:

How did you become interested in Epilepsy?

What are your future plans? (Please comment on immediate and long term goals and if you have a Epilepsy position after fellowship completion.):

Please describe research and writing experience in detail below:

Describe your most interesting epilepsy patient experience:

Please forward this application and all documentation to:

Anita Parkhurst.
Michigan State University
Department of Neurology and Ophthalmology
804 Service Road, A-217 Clinical Center
East Lansing, MI 48824

PLEASE PROVIDE THE FOLLOWING ITEMS:

- THREE LETTERS OF RECOMMENDATION
- CURRICULUM VITAE,
- OFFICIAL BOARD TRANSCRIPT,
- MEDICAL SCHOOL DIPLOMA (AND TRANSCRIPT IF AVAILABLE),
- EVIDENCE OF COMPLETION OF A RESIDENCY PROGRAM MUST BE RECEIVED PRIOR TO COMMENCING THE FELLOWSHIP,
- ECFMG AND TOFEL CERTIFICATE (if applicable).

PLEASE DO NOT HESITATE TO COMMUNICATE WITH THE DEPARTMENT BY CALLING 517-432-9277 OR FAX (517) 432-9414.