

Michigan State University
Sparrow Health System



APPLICATION FOR FELLOWSHIP
IN NEUROPHYSIOLOGY

NAME: _____ Degree: _____

DESIRED START DATE: _____ DESIRED FINISH DATE: _____

SOCIAL SECURITY #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

COMMUNICATION NUMBERS:

Work Phone: _____ Home Phone: _____

Fax Number: _____ E-Mail: _____

CURRENT AFFILIATION: _____

Supervisor: _____ Dates: _____ To: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

MEDICAL SCHOOL: _____

Dates: _____ To: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

INTERNSHIP: _____

Dates: _____ To: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

RESIDENCY #1: _____

Director: _____ Dates: _____ To: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

RESIDENCY #2 (or previous fellowship): _____

Director: _____ Dates: _____ To: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

How did you become interested in Neurophysiology?

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

Please describe your research and writing experience in detail below:

[Empty text box for describing research and writing experience]

Describe your most interesting Neurophysiology patient experience:

[Empty text box for describing the most interesting Neurophysiology 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
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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 BY FAX (517) 432-9414