



## DEPARTMENT OF NEUROLOGY, UNIVERSITY OF PITTSBURGH

### APPLICATION FOR FELLOWSHIP

- EPILEPSY – 1 YEAR**
- CLINICAL NEUROPHYSIOLOGY – EEG TRACK**
- CLINICAL NEUROPHYSIOLOGY – EMG TRACK**
- EPILEPSY & CNP EEG – 2 YEAR TRACK**

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

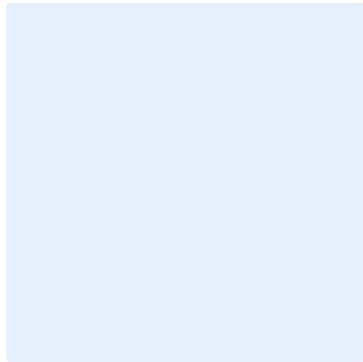
Phone: Click or tap here to enter text.

Address: Click or tap here to enter text.

Citizenship: Click or tap here to enter text.

Birthdate: Click or tap here to enter text.

Picture:



#### Residency training:

- Neurology    Pediatric Neurology

Board certified (Year): Click or tap here to enter text.

Board Eligible (Year): Click or tap here to enter text.

#### Subspecialty Training:

Specify: Click or tap here to enter text.

Board certified (Year): Click or tap here to enter text.

Board Eligible (Year): Click or tap here to enter text.



## **EDUCATION AND TRAINING:**

### Premedical:

**Institution:** Click or tap here to enter text.

**Years:** Click or tap here to enter text.

**Degrees Earned:** Click or tap here to enter text.

### Medical School:

**Institution:** Click or tap here to enter text.

### Internship (PGY1):

**Type:** Click or tap here to enter text.

**Institution:** Click or tap here to enter text.

**Years:** Click or tap here to enter text.

**Program Director:** Click or tap here to enter text.

### Residency:

**Type:** Click or tap here to enter text.

**Institution:** Click or tap here to enter text.

**Years:** Click or tap here to enter text.

**Program Director:** Click or tap here to enter text.

### Fellowship:

**Type:** Click or tap here to enter text.

**Institution:** Click or tap here to enter text.

**Years:** Click or tap here to enter text.

**Program Director:** Click or tap here to enter text.

### Other graduate training:

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.



**Research Experience:**

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

**Honors:**

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

**Publications: (attach an extra sheet if more space is needed):**

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

**Abstracts at National Meetings:**

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

**Hobbies/Interests, other activities:**

Click or tap here to enter text.



**License Information as Applicable:**

**Current State Medical Licenses** (List and **attach copies of all** unrestricted licenses):

1. **State:** Click or tap here to enter text.

License Number: Click or tap here to enter text.

Expiration Date: Click or tap here to enter text.

2. **State:** Click or tap here to enter text.

License Number: Click or tap here to enter text.

Expiration Date: Click or tap here to enter text.

3. **DEA Number:** Click or tap here to enter text.

**State:** Click or tap here to enter text.

Expiration Date: Click or tap here to enter text.

**NBME:** Date Part III of Exam taken and passed:

**(Attach copies of Parts I, II, III)**

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**International Medical Graduates (IMG):**

ECFMG Number: Click or tap here to enter text.

Valid Through: Click or tap here to enter text. (Date)

**(Attach copy of certificate)**

Visa Status: Click or tap here to enter text.

Valid until: Click or tap here to enter text. (Date)

**(Attach copy of IAP-66/1-94 or other documentation)**



## EXAMINATIONS:

USMLE (Indicate dates taken):

Step 1: Click or tap here to enter text.

Step 2: Click or tap here to enter text.

Step 3: Click or tap here to enter text.

(indicate successful completion attempt/ score):

Step 1: Click or tap here to enter text.

Step 2: Click or tap here to enter text.

Step 3: Click or tap here to enter text.

**(ATTACH copies of scores from Step 1, 2 and 3)**

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Has your state license or application for state license  
Ever been denied, suspended or revoked?

Yes  No

Has your membership on a hospital's medical staff  
Ever been denied, revoked or suspended?

Yes  No

Have you ever had your State or Federal Controlled  
Substance License (DEA) revoked, suspended or denied?

Yes  No

Have you ever been convicted of a felony?

Yes  No

Have you ever been found guilty of malpractice or  
Negligence?

Yes  No

If your answer to any of the above questions is affirmative, please attach a letter of  
Clarification.

Click or tap here to enter text.



Please list persons from whom you are requesting letters of evaluation. Include the Director of your most recent training program and have the letters sent directly to the address below.

Name

Position/ Contact email and phone #

1 Click or tap here to enter text.

Click or tap here to enter text.

2 Click or tap here to enter text.

Click or tap here to enter text.

3 Click or tap here to enter text.

Click or tap here to enter text.

How did you learn of this program?

Alumni (Name) Click or tap here to enter text.

UPMC Website

FREIDA

AAN

Other (please explain) Click or tap here to enter text.  AES

Signature of Applicant

Date: Click or tap here to enter text.

List of Required documents:

- Completed application
- Current CV
- Medical school transcript
- 3 Letters of reference (including one from current program director)
- Board Certification or In-Training Examination scores
- Results of USMLE / COMLEX Exam Reports
- ECFMG Certification if applicable
- Copy of state medical license if applicable

Completed applications should be sent to:

Vijayalakshmi Rajasekaran, MD, Clinical Neurophysiology Fellowship Program Director

ATTN: Fellowship Coordinator: Audrey Rohe rohea@upmc.edu

University of Pittsburgh Department of Neurology

Kaufmann Medical Building

3471 Fifth Avenue, Suite 811

Pittsburgh, PA 15213