

Neurology Fellowship Application

Medical College of Wisconsin

Pediatric Neurocritical Care Program

APPLICANT PERSONAL INFORMATION

Today's Date: _____

Full Name (Last, First, MI): _____

Address: _____
Street Apt#

City State ZIP

Home Phone _____

Cell/Other Phone: _____

Email Address: _____

Current/Most Recent Training Program: _____

Graduation Date: _____

Current/Most Recent Program Director: _____

PD Email Address: _____ PD Phone Number: _____

For fellowship candidacy consideration, please submit the following required application documents:

- x Application form
- x Photo
- x CV
- x Personal Statement
- x Three letters of recommendation (one letter MUST be from Residency Director)
- x ECFMG, USMLE and Medical Transcripts (copies ok)

Please send all application materials to:

Niyati Mehta, MD/Co Program Coordinator

Pediatric Neuro Critical Care Program

Department of Child Neurology

Medical College of Wisconsin

Office (414) 955-0643

Neurofellowships@mcw.edu