



Attach Photograph

APPLICATION

**Neuromuscular Medicine Fellowship
Washington University School of Medicine
St. Louis, Missouri**

- Checklist:
- Completed Application
 - Curriculum Vitae
 - Personal Statement
 - USMLE Transcript
 - ECFMG Certificate (if applicable)
 - Letters of Recommendation (3)

Start date: July 1, 2020

Name: _____

E-mail address: _____ **Birthplace:** _____
(City, State, Country)

Citizenship: _____ **Visa Status (if non-U.S.):** _____

Date of Birth: _____ **Soc. Sec. #:** _____

Preferred Mailing Address: _____

Permanent Address: _____
(if different from Mailing Address)

Telephone: (Cell/Pager) _____ **(Evening)** _____ **(Day)** _____

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 |
|-------------|--------|------------------------------------|--------------------|-----------------|
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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 |
|----------------------------|---|-------------------|------------------------|
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Other Hospital or Laboratory Experience:

Letters of Recommendation (3) will be forwarded from: (give names, titles, and addresses)

1.

2.

3.

USMLE (or equivalent) 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:** _____

ECFMG ID#: _____ **(include certificate)**

Indicate your career interests in Neuromuscular Medicine and the branches in Neuromuscular Medicine that you are most interested in (Clinical, Electrophysiology, Pathology, Research, etc.):

Goals for fellowship training and for career when training completed:

Special honors, awards or society memberships, publications:

Date _____ **Signed** _____

Please return completed application, personal statement, USMLE transcripts, curriculum vitae, and letters of recommendation to:

Justine Fleming
Neuromuscular Medicine Program Coordinator
Washington University School of Medicine
660 S. Euclid Ave. Campus Box 8111
St. Louis, MO 63110