

DEPARTMENT OF NEUROLOGY
YALE UNIVERSITY SCHOOL OF MEDICINE AND YALE-NEW HAVEN MEDICAL CENTER
YALE COMPREHENSIVE EPILEPSY CENTER
333 CEDAR STREET
PO BOX 208018
NEW HAVEN, CT 06520-8018

Epilepsy/EEG Fellowship Application

Today's Date:

(Month/Day/Year)

Name:

(Last)

(First)

(Middle)

Current Mailing Address:

(Street)

(City)

(State)

(Zip)

Telephone Number:

(Day)

(Evening)

Date of Birth:

Place of Birth:

(Month/Day/Year)

(Country, City, State)

Citizen of:

(Country)

Visa Status:

Visa Expiration Date:

(Month/Year)

Residency Accreditation:

- Accreditation Council for Graduate Medical Education (ACGME)
- Royal College of Physicians and Surgeons of Canada (RCPSC)
- Program outside the United States and Canada
- ECFMG Certification Number and Date (if applicable):

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Where did you complete your Residency?

(School Name, Country, State & City)

Date you completed your Residency?

(Month & Year)

Current PGY Level:

Please indicate which fellowship you are applying for:

- ACGME accredited Clinical Neurophysiology Fellowship followed by ACGME accredited Epilepsy Fellowship (2 years)
- Critical Care EEG Fellowship (1 year)
- ACGME accredited Clinical Neurophysiology (1 year)
- ACGME accredited Epilepsy Fellowship (1year)

I hereby apply for an appointment as a postdoctoral fellow in Epilepsy/EEG from:

through

(Month/Year)

(Month/Year)

Signature:

(Name)

(Date)