

**APPLICATION FOR POSTDOCTORAL FELLOWSHIP IN  
EPILEPSY (PEDIATRIC) FOR ACADEMIC YEAR 2026-2027**

PLEASE PRINT OR TYPE

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
CURRENT (Street)	ADDRESS (City & State)	(Apartment)	(Zip Code)
PERMANENT ADDRESS			
CURRENT PHONE		PERMANENT PHONE	
DATE OF BIRTH		SEX	PERSONAL EMAIL ADDRESS

**GENERAL INFORMATION**

Are you a citizen of the United States? ☐ Yes ☐ No

If answer is "No" give:

Type of Visa \_\_\_\_\_ Alien Registration # \_\_\_\_\_

Do you have the legal rights to work in the United States? **H1B visa holders are not eligible.** ☐ Yes ☐ No

Do you have any physical, emotional, or mental disability that would prevent you from performing your duties if you are appointed? If yes, please give details on a separate sheet. ☐ Yes ☐ No

## EDUCATION

	INSTITUTION	ADDRESS	DATES OF ATTENDANCE	DEGREE OR DIPLOMA
College				
Medical School				
Other Education				

If graduate of foreign medical school, give:

ECFMG Number \_\_\_\_\_

Date \_\_\_\_\_

## HOSPITAL EXPERIENCE/TRAINING IN SPECIALTY (GIVE MOST RECENT EXPERIENCE FIRST)

INSTITUTION	COMPLETE ADDRESS	POSITION HELD	INCLUSIVE DATES

## AWARDS, HONORS, RESEARCH, SCIENTIFIC INVESTIGATION, PUBLICATION (PLEASE ATTACH A CURRICULUM VITAE)

### CREDENTIALS

Diplomate of National Board of Medical/Dental Examiners? ☐ Yes ☐ No Flex Examination? ☐ Yes ☐ No

Are you licensed to practice medicine/dentistry in any State? ☐ Yes ☐ No

If "Yes", list State(s) and license number below.

State \_\_\_\_\_ License # \_\_\_\_\_

Date of Expiration \_\_\_\_\_

Do you have a Drug Enforcement Agency (DEA) Number? ☐ Yes ☐ No

If "Yes" give number \_\_\_\_\_ Date of Expiration \_\_\_\_\_

NRMP/Match Number (if known) \_\_\_\_\_

## REFERENCES

Please request three letters of reference from teachers in medicine or physicians under whom you have worked. Letters of reference should be addressed to the following respective program directors:

- Anil Mendiratta, M.D. Program Director for Clinical Neurophysiology (EEG Track)
- Rachael Benson, M.D. Program Director for Epilepsy

All application materials must be sent to Ashley Chang, Program Coordinator, via email - [adc2193@cumc.columbia.edu](mailto:adc2193@cumc.columbia.edu).

**List the names and addresses of the physicians who will write letters on your behalf.**

1.

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2.

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3.

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