



COLUMBIA-PRESBYTERIAN MEDICAL CENTER

COLLEGE OF PHYSICIANS & SURGEONS OF COLUMBIA UNIVERSITY
NEW YORK PRESBYTERIAN HOSPITAL

The Allen Pavilion
Dana W. Atchley Pavilion
Babies Hospital
The Edward S. Harkness Eye Institute
Milstein Hospital Building
Harkness Pavilion
Neurological Institute
New York Orthopaedic Hospital
Sloane Hospital
Squier Urological Clinic
Vanderbilt Clinic

APPLICATION FOR POSTDOCTORAL FELLOWSHIPS IN
CLINICAL NEUROPHYSIOLOGY (EEG TRACK) &
EPILEPSY FOR ACADEMIC YEAR 2023-2024

BEGINNING September 1, 2021

COMPLETED APPLICATIONS DUE BY January 3, 2022

PLEASE PRINT OR TYPE

NAME (Last) (First) (Middle) SOCIAL SECURITY NUMBER

CURRENT ADDRESS (Street) (City & State) (Apartment) (Zip Code)

PERMANENT ADDRESS

CURRENT PHONE# PERMANENT PHONE#

DATE OF BIRTH SEX PERSONAL EMAIL ADDRESS

Please check the box below:

- Adult
Pediatric

Please check whether you interested in a one-year or two-year fellowship:

- One year
Two year

If you are only interested in a one-year fellowship, please check which you would prefer:

- Clinical Neurophysiology/EEG
Epilepsy

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:

- Christopher Elder, MD. Program Director for Clinical Neurophysiology (EEG Track)
- Daniel Lowenstein, M.D. Program Director for Epilepsy

All application materials must be sent to Ashley Chang, Fellowship Coordinator, via e-mail: adc2193@cumc.columbia.edu

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

1. _____

2. _____

3. _____
