

**VANDERBILT UNIVERSITY MEDICAL CENTER**  
**Fellowship Application**

**Application Checklist:**

- Completed and manually signed application form
- Three letters of recommendation (including one from your residency program director)
- Current curriculum vitae
- Personal statement describing your interest in your selected fellowship
- Exam score reports for USMLE Step 1, USMLE Step 2 CS, USMLE Step 2 CK, USMLE Step 3 (or COMLEX Level 1, COMLEX Level 2, COMLEX Level 3)
- Passport size photo
- ECFMG certificate (if applicable)

**Program Prerequisites:**

Applicants must be either board-eligible or board-certified in Neurology and have completed an ACGME-accredited adult or child neurology residency in the United States. We accept U.S. citizens, permanent residents and J-1 visa holders, with the exception of behavioral neurology & neuropsychiatry, which does not accept J-1 visa holders.

**Select Fellowship:**

Advanced Epilepsy (Adult): 2 years

Advanced Epilepsy (Pediatric): 2 years

Clinical Neurophysiology (EMG + EEG): 1 year

Epilepsy (Adult): 1 year

Epilepsy (Pediatric): 1 year

Neuromuscular

Neuroimmunology

Movement Disorders

Cognitive and Behavioral

Expected fellowship start date:

Anticipated PGY level at time of fellowship:

**How to send application materials:**

Clinical Neurophysiology, Adult Epilepsy, Pediatric Epilepsy, Neuromuscular:

*Please scan and e-mail completed/signed application and supporting materials to:*

Francesca Rutherford: [francesca.rutherford@vumc.org](mailto:francesca.rutherford@vumc.org)

*Please have your letter writers e-mail their letters of recommendation to: (addressed to respective Vanderbilt fellowship Program Director on their institution's letterhead)*

Francesca Rutherford: [francesca.rutherford@vumc.org](mailto:francesca.rutherford@vumc.org)

Cognitive and Behavioral Neurology:

*Please mail all application materials together (included sealed letters of recommendation) to:*

Dr. Leah Acosta

Vanderbilt Cognitive and Behavioral Neurology Fellowship

A-0118 Medical Center North

1161 21<sup>st</sup> Avenue South

Nashville, TN 37232

Neuroimmunology:

*Please mail all application materials together (included sealed letters of recommendation) to:*

Dr. Subramaniam Sriram

Vanderbilt Neuroimmunology Fellowship

A-0118 Medical Center North

1161 21<sup>st</sup> Avenue South

Nashville, TN 37232

Movement Disorders:

*Please mail all application materials together (included sealed letters of recommendation) to:*

Dr. John Fang

Vanderbilt Movement Disorders Fellowship

A-0118 Medical Center North

1161 21<sup>st</sup> Avenue South

Nashville, TN 37232

**Applicant Information:**

Full Name:  Social Security Number:

Date of Birth:  Place of Birth:

Mailing Address:

STREET ADDRESS

APT OR UNIT #

CITY, STATE AND ZIP CODE

Preferred Email Address:

Phone Number:

Are you legally eligible to work in the U.S.?  Yes  No

Will you now or in the future require visa sponsorship for employment?  Yes  No

If yes, Type of Current Work Authorization:  Date of Expiration:

**Professional Background:**

Are you currently licensed to practice medicine in the United States?  Yes  No

If yes, State:  License Number:  Date of Expiration:

*Note that a state medical license is not necessary for fellowship but a Tennessee state medical license is required for moonlighting.*

Are you active duty in the armed forces?  Yes  No

If yes, Rank:  Branch:  Dates of service:

Are you in the Reserve or in the National Guard?  Yes  No

Are you obligated to military service through a health professional loan?  Yes  No

Have you been party to any malpractice claims, suits and/or settlements?  Yes  No

If yes, please explain:

Has your license ever been suspended, revoked or voluntary surrendered?  Yes  No

If yes, please explain:

Have you ever been convicted of a crime (other than a minor traffic violation)?  Yes  No

If yes, please explain:

**Education:**

**1. Undergraduate School or University**

INSTITUTION	DEGREE	DATES ATTENDED

**2. Medical School**

INSTITUTION	DEGREE	DATES ATTENDED

**3. Internship**

INSTITUTION	PROGRAM	DATES ATTENDED

**4. Residency**

INSTITUTION	PROGRAM	DATES ATTENDED

INSTITUTION	PROGRAM	DATES ATTENDED

**5. Other Post-Graduate Training**

INSTITUTION	PROGRAM OR DEGREE	DATES ATTENDED

INSTITUTION	PROGRAM OR DEGREE	DATES ATTENDED

**6. Current employment (if not currently enrolled in residency program)**

COMPANY OR INSTITUTION	POSITION HELD	DATES OF EMPLOYMENT
SUPERVISOR NAME	PHONE NUMBER	EMAIL ADDRESS

**Letters of Recommendation:**

1. 

NAME	TITLE (PROGRAM DIRECTOR OF RESIDENCY)
INSTITUTION	EMAIL ADDRESS

2. 

NAME	TITLE
INSTITUTION	EMAIL ADDRESS

3. 

NAME	TITLE
INSTITUTION	EMAIL ADDRESS

**Publications (please list in chronological order):**

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**Awards and Academic Honors (please list in chronological order):**

**Extracurricular Activities (please list any significant projects, qualifications and/or experiences not covered in above categories):**

Are there any reasons that would prevent you from performing the essential functions of a house officer?  Yes  No

If yes, please explain:

I certify that the information provided in this application is true and correct.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

“In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, Vanderbilt University does not discriminate on the basis of race sex, religion, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other University-administered programs; or employment. Inquires or complaints should be directed to the Opportunity Development Officer, Baker Building, Box 1809 Station B, Nashville, TN 37235. Telephone (615) 322-4705 (V/TDD); fax (615) 421-6871.”

If I accept the appointment on the House Staff of Vanderbilt University Medical Center. I agree to serve the full term and to abide by the rules and regulations of the Medical center and Service to which I am attached.

Appointment to House Staff is made by the Hospital on the recommendation of the Chief of Service and is for one year only.