

**UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE / JACKSON MEMORIA HOSPITAL
DEPARTMENT OF NEUROLOGY
FELLOWSHIP APPLICATION FORM**



The University of Miami Miller School of Medicine (UM) values diversity and seeks talented students, faculty and staff from diverse backgrounds. UM does not discriminate on the basis of race, sex, sexual orientation, religion, color, national or ethnic origin, age, disability, or status as a Vietnam Era Veteran or disabled veteran in the administration of educational policies, programs or activities, admissions policies, scholarship and loan awards, athletic, or other University administered programs or employment.

Please attach
recent photo
here
(optional)

Fellowship Program you are applying to:

- | | |
|--|--|
| <input type="radio"/> Epilepsy | <input type="radio"/> Movement Disorders |
| <input type="radio"/> Clinical Neurophysiology | <input type="radio"/> Multiple Sclerosis |
| <input type="radio"/> Headache | <input type="radio"/> Neurocritical Care |
| <input type="radio"/> Interventional Neurology | <input type="radio"/> Neuromuscular Medicine |

Year you are applying for: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Telephone #: () - E-mail address: _____

Birthplace: _____ Date of Birth: _____

Gender: _____ Citizenship (list visa type if applicable): _____

Premedical College (no abbreviations): _____

Graduation (mo/date/yr): _____ College Degrees: _____

Medical School: _____

Graduation (mo/date/yr): _____ Degrees: _____

Honors: _____

USMLE Scores and dates: _____

Licensure: _____
State Number Expiration Date

Continue on next page

Hospital Experience (include dates and location of internship, residency, fellowships and staff positions):

Notable Extracurricular Activities/Achievements:

Research Experience and/or Publications:

Professional References/LOR (please list complete names, email addresses, and phone numbers of those who will be submitting letters of recommendation for you:

-
- 1.
 - 2.
 - 3.
-

Please include with this application:

1. Letter of intent/Personal Statement
2. Curriculum Vitae
3. Three letters of Recommendation (1 Program Director providing good standing and 2 from Faculty)
4. ECFMG Certificate (if applicable)
5. USMLE Scores
6. Diploma/Certificate from Medical School

Please submit application and supporting documentation to
umneurofellowships@med.miami.edu or aruiz2@med.miami.edu

Program Contact:
Andrea (Andy) Ruiz, BGS, C-TAGME
Program Manager
(305) 243-2742