

# Neurology Fellowship Application

## Medical College of Wisconsin

### Pediatric Neurocritical Care Program

#### APPLICANT PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

Full Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt#

City State ZIP

Home Phone \_\_\_\_\_

Cell/Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current/Most Recent Training Program: \_\_\_\_\_

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

Current/Most Recent Program Director: \_\_\_\_\_

PD Email Address: \_\_\_\_\_ PD Phone Number: \_\_\_\_\_

For fellowship candidacy consideration, please submit the following required application documents:

- x Application form
- x Photo
- x CV
- x Personal Statement
- x Three letters of recommendation (one letter MUST be from Residency Director)
- x ECFMG, USMLE and Medical Transcripts (copies ok)

Please send all application materials to:

Niyati Mehta, MD/Co Program Coordinator

Pediatric Neuro Critical Care Program

Department of Child Neurology

Medical College of Wisconsin

Office (414) 955-0643

[Neurofellowships@mcw.edu](mailto:Neurofellowships@mcw.edu)