

ATTACHED  
RECENT  
PHOTO  
HERE

Wake Forest Baptist Health  
Wake Forest School of Medicine  
Medical Center Boulevard  
Winston-Salem, North Carolina 27157

## Behavioral Neurology and Neuropsychiatry Fellowship Application

PROPOSED BEGINNING DATE OF TRAINING: \_\_\_\_\_

FULL NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_  
(Street) (City-State) (Zip)

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
(Days) (Nights & Weekends)

SOCIAL SECURITY # \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

US CITIZEN  EAD/GREEN CARD  J-1 VISA EXPIRATION:

MARITAL STATUS \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

EMERGENCY CONTACT NAME AND NUMBER \_\_\_\_\_

*If applicable, please include a copy of your ECFMG certificate with this application.*

ECFMG Certificate:  (Yes/No) ECFMG No.:  Issued Date:  Expiration Date:

*Enter your scores in the appropriate boxes below.*

USMLE Step 1:  USMLE Step 2 CK:  USMLE Step 2 CS:  USMLE Step 3:

COMLEX Level 1:  COMLEX Level 2 CE:  COMLEX Level 2 PE:  COMLEX Level 3:

Do you have a misdemeanor conviction in the United States?

If yes, state the conviction.

Do you have a felony conviction in the United States?

If yes, state the conviction.

ACHIEVEMENTS (Awards, Honorary Societies, etc.)


POST GRADUATE EXPERIENCE

	Institution	Degree	From MM/DD/YYYY	From MM/DD/YYYY
Internship:				
Residency:				
Fellowship:				

MEDICAL SCHOOL

Institution	Degree	From MM/DD/YYYY	From MM/DD/YYYY

GRADUATE AND UNDERGRADUATE SCHOOLS

Institution	Degree	From MM/DD/YYYY	From MM/DD/YYYY

DO YOU HAVE A FULL LICENSE TO PRACTICE MEDICINE? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give state(s) \_\_\_\_\_

FUTURE PLANS:

Teaching  Private Practice  Generalist  Specialist  Research

FURTHER COMMENTS:

--

Three (3) letters of recommendation are required. One (1) must be from your current, or most recent, Program Director of your residency program and two (2) from faculty that you have worked with during the past 12 months. List their names, title, and email address below:

NAME	TITLE	EMAIL ADDRESS
	Program Director	

PLEASE RETURN TO: April Edwards, Fellowship Coordinator, Department of Neurology  
Wake Forest School of Medicine  
Medical Center Blvd, Winston-Salem, NC 27157  
Phone: (336) 716-7548 E-Mail: [apedward@wakehealth.edu](mailto:apedward@wakehealth.edu)