



**Department of Neurology
University of Missouri-Columbia**

Endovascular Surgical Neuroradiology Fellowship Application

Accredited year only: ☐ Yes ☐ No

Name: _____

Address: _____

Phone: _____ Fellowship year you are applying for: _____

Email: _____ US Citizen ☐ Yes ☐ No

Visa Required ☐ Yes ☐ No If yes, type: _____

Fellowship Institution: _____

Fellowship Specialty: _____ Fellowship dates: _____

Residency Institution: _____

Residency Specialty: _____ Residency dates: _____

Internship: _____ Internship dates: _____

Medical School Name: _____ Year of graduation: _____

Board Certification: _____ Certification Body: _____

If you are not currently board certified, what date are you testing: _____

Required Documents:

___ Personal Statement

___ Current CV

___ USMLE Transcript

___ ECFMG Certificate (if applicable)

___ Three letters of reference sent directly from the writer or their designee to the coordinator via email.

___ Proof of completed ACGME milestones from each training program sent to the coordinator via email.

Coordinator Information:

Penny McQueen

1 Hospital Drive DC 047.00

Columbia, MO 65212

Ph: 573-882-4209

Fax: 573-884-4249

Email: mcqueenp@health.missouri.edu