



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

__ Official 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:

Mark Bigelow
1 Hospital Drive CE 514
Columbia, MO 65212
Ph: 573-882-4209
Fax: 573-884-4249
Email: mbigelow@health.missouri.edu

Signature

Date