



NEUROLOGY OBSERVERSHIP APPLICATION

Date: _____

Have you previously been a visiting observer in the United States?

Yes No If yes, date(s)/location(s) _____

Last Name First Name Middle Initial

Date of Birth: _____ Gender: _____

Address: _____

Email: _____ Phone: _____

Observership Type: Research Clinical Subspecialty _____

Preferred Observation Dates: _____

Acceptable Alternate Dates: _____

EDUCATION/TRAINING

Medical School Name: _____ Country of Medical Degree: _____

Type of Degree: _____ Year Earned: _____

Country of Practice: _____ Specialty: _____

*****FOR OFFICE USE ONLY*****

Application Materials Received _____ Application Status: Interview/Decline/Review Later

Candidate Status: Selected/Not Selected Dates: _____

Offer Letter: Sent _____ Received: _____ Accepted: Y N

Application payment Received: Y N Monthly Payment Received: Y N