DEPARTMENT OF NEUROLOGY
KECK SCHOOL OF MEDICINE OF UNIVERSITY OF SOUTHERN CALIFORNIA
FELLOWSHIP APPLICATION YEAR 20____ - 20____

FELLOWSHIP DIVISION:____

NAME____
(last) (first) (middle initial)

ADDRESS____
(street) (city) (state) (zip)

TELEPHONE:___________________________ SOCIAL SECURITY#:_____________________________

CITIZENSHIP:___________________ VISA STATUS (if applicable)_____________________________

COLLEGE ATTENDED:_____________________________________ DATES: _________-__________

MEDICAL SCHOOL:_______________________________________ DATES: _________-__________

RESIDENCY: ____ DATES:_________-__________

Do you possess a California State License? YES__________ NO___________

LICENSE #:_____________________ ISSUED:_______________ EXPIRATION:________________

If "yes", please enclose a photocopy.
If "no", have you applied for a California License? YES________ NO__________

PLEASE INCLUDE A CURRENT CV, PERSONAL STATEMENT AND 3 LETTERS OF RECOMMENDATION WITH THIS APPLICATION

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Foreign Medical Graduates (please attach copies of the following forms):

Do you have an ECFMG Certificate? YES__________ NO__________

Have you taken and passed the FMGEMS? YES__________ NO__________

Have you taken and passed the FLEX? YES__________ NO__________

Do you have an authorization letter from the Medical Board of California to train in the state of California or have a California Medical License? YES __________ NO__________

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Keck Medical Center of USC, Healthcare Center II, 1520 San Pablo St., Ste 3000, Los Angeles, CA 90033

Have you ever been convicted of anything other than a minor traffic violation? Y_____ N_____
(the above will not necessarily prevent consideration of your application; however, if employed at USC and you answered "yes", you will be asked to explain in detail.

I hereby certify that statements on this form made by me are true and correct without any mental reservation whatsoever and that I have not omitted or withheld any information concerning me, whether or not it is on my records, and I hereby release them and their companies form any liability whatsoever. I understand I will be subject to dismissal if any information on this application is found to be untrue.

SIGNATURE _____ DATE_____