

**Department of Neurosurgery and Brain Repair
Cerebrovascular and Skull Base Surgery Fellowship Application**

Application Process:

1. Curriculum vitae of applicant
2. This application packet, completed
3. One personal photograph
4. Personal Statement
5. Three letters of reference
(to be sent directly to USF on candidate's behalf)

Fellowship Program Administrator:

Kelly Thompson
 USF Dept. of Neurosurgery and Brain Repair
 2 Tampa General Circle, 7th Floor
 Tampa, FL 33606
 kpthompson@usf.edu
 Phone: 813-259-0901
 Fax: 813-259-0858 or
 813-259-0944

Please Complete the following information on yourself, the applicant. If any area does not apply, please indicate 'N/A' or appropriate comments. Do not leave any aspect blank.

I. APPLICANT INFORMATION	
DATE OF APPLICATION:	CURRENT RESIDENCY /EMPLOYER INFO
Academic Year(s) Applying for: 2021-22 <input type="checkbox"/> 2022-23 <input type="checkbox"/> 2023-24 <input type="checkbox"/> Other _____	Institution Name:
PERSONAL INFORMATION	Address:
Name:	
Degree(s):	Current Position (PGY Year or Other):
Phone Number:	<i>For those applicants currently in a residency program:</i>
Current Home Address:	Program Director:
	Phone Number:
	Email:
E-mail address:	Program Coordinator:
Citizenship/Visa Status:	Phone Number:
Specialty Boards:	Email:
	Anticipated Graduation Date:

II. EDUCATIONAL BACKGROUND			
	INSTITUTION	DATES ATTENDED	DEGREE
UNDERGRADUATE			
MEDICAL SCHOOL			
INTERNSHIP			
RESIDENCY			
OTHER			

III. EXAM SCORES		
EXAM	SCORE	PERCENTILE
USMLE		
USMLE II		
USMLE III		
NBME I, II, III (List)		
ECFMG Certificate #		

IV. ADDITIONAL INFORMATION*	
HONORS & AWARDS	
SPECIAL TRAINING SKILLS	
RESEARCH INTERESTS	

**Please attach additional pages, if necessary.*

V. LETTERS OF REFERENCE

Please provide the names and contact information of three (3) people you expect to be submitting letters on your behalf. We do ask that the references submit their information directly to:

Kelly Thompson, Program Coordinator
kpthompson@usf.edu

If they would prefer to send something via mail, it can be sent to:

USF Neurosurgery
Attn: Kelly Thompson
2 Tampa General Circle
STC 7062
Tampa, FL, 33606

	REFERENCE 1	REFERENCE 2	REFERENCE 3
Name			
Title(s)			
Relationship to applicant			
Years Known			
Phone Number			
Email Address			

VI. PERSONAL STATEMENT

Please include a personal statement, no more than 500 words, describing your interests, attributes, and career goals as they relate to the fellowship. The personal statement should be included as a separate document, attached with your other submissions.

APPLICATION CHECKLIST

1. Curriculum vitae of applicant
 2. This application packet, completed, saved as a PDF
 3. One personal photograph
 4. Personal Statement
- Items 1-4 should be attached into a single email to kpthompson@usf.edu*
5. Three references have been requested and provided with Kelly Thompson’s contact information



GRADUATE MEDICAL EDUCATION

Additional Information Form

As part of the on-boarding process, USF GME will conduct a criminal background check and drug screen.

Has your medical license ever been suspended/revoked/voluntarily terminated? Yes No

If yes, please

Have you been named in a malpractice case? For each medical malpractice claim in which you have been involved, please identify whether or not the claim is still open, full details regarding the circumstances surrounding the claims, and the amount that was paid on your behalf to settle the claim (if at all). Yes No

If yes, please explain:

Is there anything in your past history that would limit your ability to be licensed or would limit your ability to receive hospital privileges? Yes No

If yes, please explain:

Have you ever been convicted of a misdemeanor in the United States or had adjudication withheld for a misdemeanor in the United States? For each misdemeanor, please describe the nature of the crime(s), charge(s), date and place of conviction and the legal disposition of the case. Yes No

If yes, please explain:

Have you ever been convicted of a felony or had adjudication withheld for a felony in the United States? For each felony, please describe the nature of the crime(s), charge(s), date and place of conviction and the legal disposition of the case. Yes No

If yes, please explain:

For any yes answers, you may be contacted by someone in the GME office to provide additional information.

I certify that the information contained on this form is complete and accurate to the best of my knowledge. I understand that any "yes" answers, false, or missing information may disqualify me from consideration for a position; may result in an investigation by the USF GME office; or if employed, may constitute cause for termination from the program. In addition, I consent to the transfer of my personal data to the USF Morsani College of Medicine GME office in the United States.

Name: _____

Signature: _____

Date: _____