

**Department of Neurosurgery and Brain Repair  
Skull Base and Cerebrovascular 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)

Please send these items electronically as  
e-mail attachments to: [kpthompson@health.usf.edu](mailto:kpthompson@health.usf.edu)

**Residency and Fellowship Coordinator:**

Kelly Thompson  
USF Dept. of Neurosurgery and Brain Repair  
2 Tampa General Circle, 7<sup>th</sup> Floor  
Tampa, FL 33606

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	
<b>DATE OF APPLICATION:</b>	<b>CURRENT RESIDENCY /EMPLOYER INFO</b>
<b>Academic Year(s) Applying for:</b> 2018-19 <input type="checkbox"/> 2019-20 <input type="checkbox"/> 2020-21 <input type="checkbox"/> 2021-22 <input type="checkbox"/> 2022-23 <input type="checkbox"/>	<b>Institution Name:</b>
<b>PERSONAL INFORMATION</b>	<b>Address:</b>
<b>Name:</b>	
<b>Degree(s):</b>	<b>Current Position (PGY Year or Other):</b>
<b>Phone Number:</b>	<i>For those applicants currently in a residency program:</i>
<b>Current Home Address:</b>	<b>Program Director:</b>
	<b>Phone Number:</b>
	<b>Email:</b>
<b>E-mail address:</b>	<b>Program Coordinator:</b>
<b>Citizenship/Visa Status:</b>	<b>Phone Number:</b>
<b>Specialty Boards:</b>	<b>Email:</b>
	<b>Anticipated Graduation Date:</b>

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@health.usf.edu](mailto:kpthompson@health.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@health.usf.edu](mailto:kpthompson@health.usf.edu)*

5. Three references have been requested and provided with Kelly Thompson's contact information ☐