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**University of Utah  
Department of Neurosurgery  
Skull Base Fellowship Application**

Please return all materials to:  
Jessica Colon | Jessica.Colon@hsc.utah.edu  
University of Utah, Department of Neurosurgery  
175 North Medical Drive East  
Salt Lake City, Utah 84132

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Applying for Fellowship: \_\_\_\_\_  
Dates

**PERSONAL INFORMATION:**

Last Name	First Name	Middle Initial	Date of Birth	
Street		City	State	Zip
Phone Number		E-Mail Address		
Country of Citizenship		Birthplace		

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**PROFESSIONAL EDUCATION:**

**List the school's full name, complete address, dates of attendance, and date of graduation, include degree completed.**

Undergraduate College/University: \_\_\_\_\_

\_\_\_\_\_

Medical School: \_\_\_\_\_

\_\_\_\_\_

Residency: \_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL TRAINING AND EXPERIENCE:**

Dates	Name and Complete Address of	Training or Nature of
(From-To)	Institution/Organization/Place	Experience or Specialty

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PUBLICATIONS (ATTACH SEPARATE SHEET IF NECESSARY):**

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**MEDICAL LICENSURE:**

List all states in which you have been issued a license to practice medicine, or a controlled substance number.

Table with 3 columns: State, License Number, Controlled Substance Number. Three rows provided for entry.

If you have a Federal DEA Number: \_\_\_\_\_
DEA Number State in which it is Currently Registered

A Utah Medical License, Utah Controlled Substance License, and Federal DEA Number are required for trainees of Graduate Medical Training.

What is your USMLE Number: \_\_\_\_\_

Answer the following questions and attached the required documentation to this application.

Have you passed USMLE Part 1 \_\_\_Yes \_\_\_ No (attach copy of score)\*

Have you passed USMLE Part 2 \_\_\_Yes \_\_\_ No (attach copy of score)\*

Have you passed USMLE Part 3 \_\_\_ Yes \_\_\_ No (attach copy of score)\*

Are you American Specialty Board Certified? \_\_\_\_\_ Date: \_\_\_\_\_ Specialty: \_\_\_\_\_

Are you now, or have you ever been, under investigation, or is any disciplinary action pending against you, by a licensing board or authority in any state? [ ] Yes [ ] No If yes, attach explanation.

Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way? [ ] Yes [ ] No If yes, attach explanation.

Have you ever been arrested for or charged with misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed, but minor traffic violations need not be listed. [ ] Yes [ ] No If yes, attach explanation.

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**TO BE COMPLETED BY INTERNATIONAL MEDICAL GRADUATES AND  
NON-US CITIZENS ONLY:**

Medical School: Country/Complete Name/Complete Address \_\_\_\_\_

Year Graduated \_\_\_\_\_ Date of US Training \_\_\_\_\_

Have you been certified by an American Specialty Board?  Yes  No

If yes, explain and give dates: \_\_\_\_\_

ECFMG Certificate Number: \_\_\_\_\_ Date Certified: \_\_\_\_\_

Is your visa a J-1 visa? \_\_\_\_\_ Visa Number: \_\_\_\_\_

**(A J-1 visa is the only visa accepted by the University of Utah Affiliated Hospitals for residency training.)**

Other: Permanent Resident: \_\_\_\_\_ Green Card Holder: \_\_\_\_\_ US Citizen: \_\_\_\_\_ Other: \_\_\_\_\_

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**REFERENCES:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**PERSONAL STATEMENT/CV:**

Please include a personal statement on a single enclosed sheet and a copy of your CV.

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**AGREEMENT:**

I hereby apply for appointment to be a houseofficer at the University of Utah Affiliated Hospitals. I recognize my responsibility to ensure that this application is accurate and complete. I agree that any significant misrepresentation, misstatement, or omission from this application, intentional or not, may be the cause for rejection or denial of this application and release from my houseofficer agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

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