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**University of Utah Department of Neurosurgery  
Neuro-oncology Fellowship Application**

Please return all materials to:  
Calee Hulet – calee.hulet@hci.utah.edu  
University of Utah, Dept. of Neurosurgery  
2000 Circle of Hope  
Salt Lake City, Utah, 84112

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**Applying for Fellowship** \_\_\_\_\_  
Dates

**PERSONAL INFORMATION**

Last Name	First Name	Middle Initial	Date of Birth
Street		City	State      Zip
Phone #	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 \_\_\_\_\_

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**PROFESSIONAL TRAINING AND EXPERIENCE**

Dates (From – To)	Name and <u>Complete Address</u> of Institution/Organization/Place	Training or Nature of Experience or Specialty



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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 # \_\_\_\_\_ Date certified \_\_\_\_\_

Is your visa a J-1 visa? \_\_\_\_\_ Visa # \_\_\_\_\_  
(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 \_\_\_\_\_

**The Utah Division of Occupational and Professional Licensing (DOPL) requires applicants to have completed 2 years of training in an ACGME accredited program to issue a Utah Medical License.**

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**REFERENCES AND SUPPORTING DOCUMENTS**

Please submit a CV, personal statement, USMLE (or COMLEX) score reports, transcripts, a letter of support from your residency program director and at least 2 letters of recommendation from other physicians who have supervised you in a clinical setting as well as certificate (or other validation) of all previous training.

**INTERNATIONAL GRADUATES:**

In addition to the requirements above, please send a certified copy of your E.C.F.M.G. certificate.

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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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