



# STANFORD

## SCHOOL OF MEDICINE

### STANFORD UNIVERSITY SCHOOL OF MEDICINE APPLICATION COMPREHENSIVE NEUROLOGY FELLOWSHIP

Applying for year to start: July 20\_\_\_\_

<b>Name:</b>	<b>Email:</b>
Mailing Address:	<b>Phone:</b>
	<b>Pronouns:</b>

#### Non-Medical Degrees:

College/Academic Institution:	Degree	Date Graduated

#### Medical Education:

	Institution	Location	Dates
Medical School			
Internship			
Residency Specialty:			
Fellowship (if applicable) Specialty:			

**California laws require that all residents and fellows hold a state license. Please note, California law requires that all fellows hold a state license prior to beginning clinical work which may take up to 9 months to obtain after application submission.**

#### Current US Medical Licensure:

State	Full or Restricted	Dates Valid

**Please provide names and contact information for 3 references:**

Name	
Position	
email	
Brief explanation/reason	

Name	
Position	
email	
Brief explanation/reason	

Name	
Position	
email	
Brief explanation/reason	

**Please complete your personal statement on the next page, and email this application and your CV to Gayla Weng, [gweng@stanford.edu](mailto:gweng@stanford.edu). Please request that your 3 referees email their letters of recommendation to Gayla Weng directly.**

**We look forward to hearing from you and reviewing your application!**

**Personal Statement: Please describe your interest in our fellowship and your career goals**

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

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