



**Stanford**  
MEDICINE

School of Medicine

STANFORD UNIVERSITY SCHOOL OF MEDICINE APPLICATION  
**COMPREHENSIVE NEUROLOGY CLINICAL INSTRUCTORSHIP**

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

**Please note that MD degree or equivalent, completion of neurology residency, ABPN board eligibility or certification are pre-requisites for this position.**

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

**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 request that your 3 referees email their letters of recommendation to Gayla Weng, [gweng@stanford.edu](mailto:gweng@stanford.edu), directly.**

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

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

**Please email this application and your CV to Gayla Weng, [gweng@stanford.edu](mailto:gweng@stanford.edu).**

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