**Application for Epilepsy Fellowship**

**Montefiore Medical Center / Albert Einstein College of Medicine Bronx, New York**

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

Name: Last First Middle

Present Address: Cell:

Permanent Address: Tel:

E-mail address:

Citizen of:

Date of Birth: Visa type (if not US citizen):

Pre-medical education (give colleges/universities, degrees and dates):

Medical education (give medical school(s), degrees and dates):

Internship (hospital & dates):

Residency (hospital & dates):

Medical or related non-medical experience (if any):

**Medical License:**

New York State License #: Other License:

**Attach curriculum vitae, include list of publications (if any).**

The completed application form, along with the curriculum vitae, a letter of intent from the applicant and three letters of support should be sent or emailed to:

Jacqueline Ravelo, M.H.A.

Program Coordinator, Epilepsy Fellowship

Saul R. Korey Department of Neurology

Montefiore Medical Center / Albert Einstein College of Medicine

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