Attach photo here

**Application for Fellowship in Clinical Neurophysiology**

**EEG / Epilepsy Track**

**Albert Einstein College of Medicine Montefiore Medical Center 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 applicant should see that support letters from at least three (3) medical sponsors are sent. One letter must certify dates of previous training and come from the residency program director. The completed application form (with signed photograph attached), along with the curriculum vitae, a letter of intent from the applicant, and the support letters, should be sent to:

Alexis Boro, M.D.

Director, Clinical Neurophysiology Fellowship Training Program

Department of Neurology

Montefiore Medical Center

111 East 210 Street

Bronx, New York 10467

aboro@montefiore.org