



Department of Neurosurgery
Spine Fellowship Application

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Application Process Checklist:

1. Application Form
2. Curriculum Vitae
3. Specialty Board Certificate
4. USLME Scores
5. Three Letters of Recommendation
6. Personal Statement
7. Optional: One Personal Photograph

Please send the above items electronically as email attachments
to: john_otoole@rush.edu

Today's Date _____ Fellowship Start Date _____

Personal Information

Name: _____
Last First Middle

Address: _____
Street City

_____ *State Country Zip Code*

Email: _____

Cell : _____ Work: _____

Pager: _____ Home: _____

Birth Date: _____ Birth Place: _____
Month/Day/Year

Social Security #: _____ U.S. Citizen: [] Yes [] No

Country of Citizenship: _____ Visa: _____

State of Current Medical Licensure: _____ License #: _____

Expiration Date: _____ ECFMG Certificate #: _____

ECFMG Valid Indefinitely Yes No Date Issued: _____



Business Address and Phone

Practice or Hospital:

Educational Background

Undergraduate: _____
Dates Attended: _____ Degree: _____

Medical School _____
Dates Attended: _____ Degree: _____

Internship: _____
Dates Attended: _____ Degree: _____

Residency: _____
Dates Attended: _____ Degree: _____

Fellowship: _____
Dates Attended: _____ Degree: _____

Other Education _____
Dates Attended: _____ Degree: _____

Examination	Score	Percentile
USLME		
USLME II		
USLME III		

Honors/Awards

Special Training or Skills (Languages, Computer, Certifications, Etc)

Research Interests

Personal Statement

Please create your personal statement as a word document and attach it along with this application, your curriculum vitae, copy of specialty board certification, copy of USMLE scores, two letters of recommendation and photo (optional) in an email to john_otoole@rush.edu