Department of Neurosurgery Spine Fellowship Application

Vincent C. Traynelis, MD, Program Director Jenna Feld, Program Coordinator

Emails: Vincent_Traynelis@rush.edu Jenna_Feld@rush.edu Phone: 312-942-1854 Fax: 312-942-2176

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: Vincent_Traynelis@rush.edu and/or Jenna_Feld@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:		
Social Security #:	U.S. Citizen:	: [] Yes [] No	

Country of Citizenship:	Visa: J H1B			
State of Current Medical Licensure:	License #:			
Expiration Date:	tion 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:			
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	/Aw	ards
--------	-----	------

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 Vincent_Traynelis@rush.edu and Jenna_Feld@rush.edu