

**Stereotactic & Functional Fellowship Application**

**Sepehr Sani, MD, Program Director**

**Emails:** **Sepehr\_Sani2@rush.edu**

**Phone: 312-942-6644 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: Sepehr\_Sani2@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:

*Month/Day/Year*

Birth Place:

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 Sepehr\_Sani2@rush.edu