

I. Instructions:

This form should be typed or legibly printed in black or blue ink. If more space is needed than provided on the original form, attach additional sheets and reference each question being answered.

Current copies of the following documents must be submitted with this application.

- Copy of NC Medical License *
- Copy of Medical School Diploma
- DEA Certification *
- Current curriculum Vitae
- Documentation of Neurosurgery Residency Completion (or date to be completed)
- Proof of Professional Liability Insurance *
- 2 Letters of Support
- Documentation of Current MMR

** If applicable. Please note, applicant must be eligible for licensure in North Carolina*

II. Personal Information

Last Name	First	Middle
Present Address		() Telephone Number
City	State	Zip
E-Mail Address		Social Security Number

III. Education

College or University	City or State	Major
Advanced Degree School	City or State	Dates From To Degree
Medical School	City or State	Dates From To Degree

US Medical Licensing Examination	Step 1 _____	Grade _____
	Step 2 _____	Grade _____
	Step 3 _____	Grade _____

IV. Hospital Experience (Please list all previous training. Use additional sheet if necessary)

Residency-Hospital	City / State	from	to	Specialty
Residency-Hospital	City / State	from	to	Specialty
Residency-Hospital	City / State	from	to	Specialty

V. Additional Information

1. Do you hold a state Medical License? Yes No

Please list the states where you hold permanent licensure - Include number and expiration date:

2. Have you ever been denied a medical license or had a license revoked? Yes No

If yes, explain

3. Please have two physicians who have supervised you in a clinical setting send a letter in support of your application. In addition, please submit a letter from your residency program director (if still in neurosurgical residency).

REFERENCES AND SUPPORTING DOCUMENTS WILL NOT BE RETURNED

The policy of Wake Forest University Baptist Medical Center is to provide equal opportunity to all employees and applicants. Decisions concerning fellowship are made upon the basis of the best qualified candidate without regard to color, race, religion, natural origin, age, sex, handicapped status or ancestry.

I certify that the information given and/or attached is true, accurate, and complete.

Signed: _____

Date: _____

Return Application and Supporting Documents To:

Director, Spine Fellowship Program
Department of Neurosurgery
Wake Forest University Health Sciences
Medical Center Blvd.
Winston- Salem, NC 27157-1029
(336) 716-0143