



**STANFORD**

SCHOOL OF MEDICINE

*Stanford University Medical Center*

**Application for PM&R Interventional Spine Fellowship**

*Please print or type*

Application for Fellowship beginning August 1, 20\_\_\_\_

Your Name:                      Last                                      First                                      Middle

Address:

Home Phone:

Cell Phone:

Citizenship:

Name of person to contact in case of emergency:

Address:

Telephone:

**Education**

Institution Name

City, State

Year Graduated

College:

Medicine:

Residency:

**Examination and Licensure**

USMLE:

Part I score:

Part II score:

Part III score:

Medical License:

State:

Number:

Expiration Date:

## ***Personal Information***

In what specific ways do you think you can contribute to this program?

What are your career plans at present?

What interests do you have outside of medicine?

## ***Instructions***

Along with this application, please send your **Medical School Transcript, USMLE Scores, Curriculum Vitae, Personal Statement**, and at least **3 current letters of recommendation**. One of these letters must be from your present Department or Division Chair. If you have any additional questions concerning our program, please do not hesitate to contact us.

Please send all application materials to:

Erin Hart  
Fellowship Coordinator  
PM&R Interventional Spine Fellowship  
Stanford University, Department of Orthopaedic Surgery  
450 Broadway St MC 6342  
Redwood City CA 94063-6342

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