



University Of Connecticut / Hartford Hospital

RESIDENCY IN NEUROLOGY

Application

Post Graduate Year 2 to Begin: _____

1. General Information

Name		DOB	
Contact Address (Street, Apt)			
Contact Address (City, State, Zip)			
Home Phone	Cell Phone	Preferred Phone	SSN
Citizenship	Visa Type	Place of Birth	
E-mail			

ATTACH RECENT PHOTO

Please print name on back of photograph

2. Education *List your Undergraduate, Graduate and Medical School*

Type	Institution & Location	Dates Attended	Degree	Degree Date	Field of Study

Was your medical education/training extended or interrupted? _____

If yes, reason: _____

3. Post-Graduate Medical Training *List Internship, Residency, Fellowship*

Type/Discipline	Institution & Location	Program Director	Dates Attended	Years

4. Other employment, research or medical experience not listed above

Experience	Organization/Location	Position	Dates	Supervisor	Avg Hrs/Wk

5. Examinations

Examination	Status	Date	Attempts
USMLE Step 1			
USMLE Step 2 CK (Clinical Knowledge)			
USMLE Step 2 CS (Clinical Skills)			
USMLE Step 3			
COMLEX Level 1			
COMLEX Level 2			
Other:			
Other:			

6. **Are you certified by the Education Commission for Foreign Medical Graduates?** _____
If yes, certification date: _____

7. **Please enclosed the following documents with this application:**

- Curriculum Vitae
- Personal Statement
- Medical School Transcript
- Dean's Letter
- Medical Licensing Exam Transcripts
- Three (3) current letters of recommendation (from supervisors, professors or chief of service)
- ECFMG Certificate (if applicable)

I certify that the information contained within this application is complete and accurate. I understand that any false or missing information may disqualify me from consideration for a position.

 Signature of Applicant

 Date

Please forward this application and supporting documents to:
Erica A Schuyler, M.D., Residency Program Director
 University of Connecticut / Hartford Hospital Neurology Residency Program
 80 Seymour Street; PO Box 5037, Hartford, CT 06102
 (860) 545-5047 Fax # (860) 545-5003