

RESEARCH EXPERIENCE – LIST MOST RECENT EXPERIENCE.FIRST

14. LOCATION (name of facility / business)	DATES		
	FROM	TO	
	M/DD/YYYY	M/DD/YYYY	
ADDRESS (STREET)	CITY	STATE	ZIP CODE
15. DUTIES			
16. LOCATION (name of facility / business)	DATES		
	FROM	TO	
	M/DD/YYYY	M/DD/YYYY	
ADDRESS (STREET)	CITY	STATE	ZIP CODE
17. DUTIES			

MEDICAL SCHOOL

18. NAME	DATES		DEGREE
	FROM	TO	
	M/DD/YYYY	M/DD/YYYY	
19. ADDRESS (STREET)	CITY	STATE	ZIP CODE
ADDITIONAL GRADUATE EDUCATION (if applicable)			
20. NAME	DATES		DEGREE
	FROM	TO	
	M/DD/YYYY	M/DD/YYYY	
21. ADDRESS (STREET)	CITY	STATE	ZIP CODE

UNDERGRADUATE EDUCATION – LIST MOST RECENT EXPERIENCE FIRST

22. NAME	DATES		DEGREE
	M/DD/YYYY	M/DD/YYYY	
23. ADDRESS (STREET)	CITY	STATE	ZIP CODE
24. NAME	DATES		DEGREE
	M/DD/YYYY	M/DD/YYYY	
25. ADDRESS (STREET)	CITY	STATE	ZIP CODE

**APPLICATION FOR PM&R SPINE FELLOWSHIP – PAGE THREE
MEDICAL TRAINING & EDUCATION (continued)**

HONORS & AWARDS

Indicate any honors &/or awards you have received. (If additional space is required, please attach a separate sheet of paper. Be sure to include your name at the top.)

26. DATE RECEIVED	AWARD NAME / TYPE	REASON FOR RECEIPT
27. DATE RECEIVED	AWARD NAME / TYPE	REASON FOR RECEIPT
28. DATE RECEIVED	AWARD NAME / TYPE	REASON FOR RECEIPT

EXAMINATION STATUS

I have already passed the examinations checked below on the dates indicated:

<input type="checkbox"/> USMLE, STEP 1 _____ <small>(M/DD/YYYY)</small>	<input type="checkbox"/> USMLE, STEP 2 _____ <small>(M/DD/YYYY)</small>	<input type="checkbox"/> USMLE, STEP 3 _____ <small>(M/DD/YYYY)</small>
RESULTS 3-DIGIT / 2-DIGIT	3-DIGIT / 2-DIGIT	3-DIGIT / 2-DIGIT
____ / ____	____ / ____	____ / ____

<input type="checkbox"/> COMLEX 1 _____ <small>(M/DD/YYYY)</small>	<input type="checkbox"/> COMLEX 2 _____ <small>(M/DD/YYYY)</small>	<input type="checkbox"/> COMLEX 3 _____ <small>(M/DD/YYYY)</small>
RESULTS 3-DIGIT / 2-DIGIT	3-DIGIT / 2-DIGIT	3-DIGIT / 2-DIGIT
____ / ____	____ / ____	____ / ____

OTHER CERTIFICATIONS / LICENSES HELD

INDICATE OTHER CERTIFICATIONS / LICENSES, ETC. HELD. INCLUDE BOARD, YEAR CERTIFIED AND EXPIRATION DATE (if applicable)

BOARD	YEAR CERTIFIED _____	EXPIRATION DATE ____ / ____
BOARD	YEAR CERTIFIED _____	EXPIRATION DATE ____ / ____

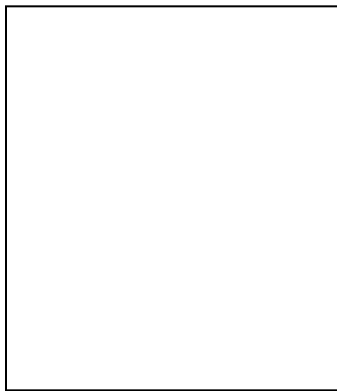
REVOCATIONS AND / OR DENIED PRIVILEGES

Have you ever been denied a medical license and / or hospital privileges?
(If **YES**, provide information concerning the incident(s). Use a separate piece of paper, if necessary.)

SERVICE OBLIGATION (National Health Service Corps, Armed Forces Scholarship, State Programs, Etc.)

- I AM NOT REQUIRED TO FULFILL ANY SERVICE OBLIGATION(S)
- I AM COMMITTED TO FULFILL A SERVICE OBLIGATION BEGINNING _____
M/DD/YYYY

NUMBER OF YEARS COMMITTED



PHOTOGRAPH: Including a recent _____ photograph is optional at this time however, if you accept our Program’s invitation to interview, you should be prepared to provide one.

I have read and understand the instructions for the completion of this application. Furthermore, I certify that the information submitted on this application is accurate and complete to the best of my knowledge. I understand that any false or omitted information may disqualify me for consideration of a Pain Medicine Fellowship position with your institution.

SIGNATURE OF APPLICANT:
(Signature must be original)

DATE:

APPLICATION FOR PM&R SPINE FELLOWSHIP – PAGE FIVE

INSTRUCTIONS FOR SUBMITTING THE FELLOWSHIP APPLICATION
PLEASE READ CAREFULLY

All pages of the Application for PM&R Spine Medicine Fellowship form, with original signature, should be submitted along with the following supplementary documents to the address at the bottom of this page.

REQUIRED

- CURRENT CV
- PERSONAL STATEMENT (include information regarding your future medical goals, both short and long term)
- LETTERS OF RECOMMENDATION (3) – one must be from your Program Director
- MEDICAL SCHOOL DEAN'S LETTER (copy)
- MEDICAL SCHOOL TRANSCRIPTS (copy)
- MEDICAL SCHOOL DIPLOMA (copy)
- USMLE / NBOME SCORE REPORTS (Steps 1, 2, & 3)

OPTIONAL

- SAE-R SCORE REPORTS (copy)
- PHOTOGRAPH (passport size, head & shoulders only, recent)

COMPLETE applications will be forwarded to the Selection Committee for review and consideration of an interview.

DEADLINE

Application due by June 1st.

MAILING ADDRESS

The UCLA PM&R Spine Fellowship Program

ATTN: Monica Nget

1250 16th Street, Suite 3120

Santa Monica, CA 90404

QUESTIONS

PLEASE DIRECT ANY QUESTION VIA EMAIL.

pmrspinefellowship@mednet.ucla.edu