



# STANFORD

SCHOOL OF MEDICINE

## STANFORD UNIVERSITY SOM APPLICATION AUTONOMIC NEUROLOGY FELLOWSHIP

Applying for the year to start:

Choose fellowship track:

<b>NAME:</b>	
<b>PHONE:</b>	<b>E-mail:</b>

**NON-MEDICAL DEGREES:**

COLLEGE/GRADUATE SCHOOL	DEGREE	MONTH/YEAR GRADUATED

**MEDICAL DEGREES:**

MEDICAL SCHOOL		MONTH/YEAR GRADUATED

California laws require that all residents and fellows hold a state license. Please note, California law requires that all fellows hold a state license prior to beginning clinical work which may take up to 9 months to obtain after application submission.

**CURRENT MEDICAL LICENSURE (only in the United States):**

State	Full or Limited	

<b>REFERENCE #1</b>	
Name	
Position	
Email	
Phone number	
Short explanation	

<b>REFERENCE #2</b>	
Name	
Position	
Email	
Phone number	
Short explanation	

<b>REFERENCE #3</b>	
Name	
Position	
Email	
Phone number	
Short explanation	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

##. Please write a short personal statement on the next page and send your application with your CV to Michelle

**PERSONAL STATEMENT:**