

## STANFORD UNIVERSITY HOSPITAL APPLICATION CLINICAL NEUROPHYSIOLOGY FELLOWSHIP: INTRAOPERATIVE MONITORING

Applying for the year to start: 2022	2023	
Name:	E-mail Address:	
Mailing Address:	Home Telephone: ( )	
Work Telephone: ( )	Date of Birt	h:
Place of Birth:	Gender:	
Name, Address & Telephone number of next of k	in or other person f	or permanent contact:
NON-MEDICAL DEGREES: COLLEGE / GRADUATE SCHOOL	DEGRE	EE DATE GRADUATED
COLLEGE / GRADUATE SCHOOL	DEGRI	DATE GRADUATED
MEDICAL DEGREES:	'	
MEDICAL SCHOOL	DEGRE	EE DATE GRADUATED
National and State Board Exa Part I	minations (Please g	ive date/numerical score):
Turt	1 411 11	
California laws require that all residents and fellow license must take and pass the next examination foll reciprocity with National Boards or another state.		
Medical Licensure (License Number and State):		
Internship/Location and Specialty:		
Residency/Location and Specialty:		
Fellowship/Location and Specialty:		
Membership in Scientific and Professional Organ	izations:	

If you have ever left any course of residency, internship or fellowship for any reason other than the expiration of the usual term, please state the reason(s):		
Research in Progress:		
Papers Written:		
Present State of Health:		
Do you have any physical or mental health	th impairments?	
Signature:	Date:	
	nmitted to increasing representation of women and cy and fellowship training programs and particularly	
encourages applications from such individu	uals. You may indicate your ethnic origin below, however,	
self-identification by race is entirely volunt	tary.	
Black	Puerto Rican (Mainland)	

Black	Puerto Rican (Mainland)
American Indian or Alaskan Native	Puerto Rican (Commonwealth)
White*	Other Hispanic
Asian or Pacific Islander	
Mexican American or Chicano	

<sup>\*</sup> Having origins in any of the original people of Europe, North Africa or the Middle East