

| University of Cincinnati Neurotology Fellowship 2021-2023 | | | | | |
|---|--------|---|---|---|------------|
| Name (Last, First, Middle): | | | | | |
| Present Address: | | | | | |
| Telephone number: | | Cell Phone Number: | | | |
| Date of Birth (mm/dd/yyyy) | | SF Match Number: | | | |
| Social Security Number: | | Email Address: | | | |
| Citizenship: | | United States <input type="checkbox"/> | Permanent US Resident <input type="checkbox"/> | Other (Please indicate which visa you plan to obtain or have along with expiration date) <input type="checkbox"/> J1 Exchange Visitor Expires: _____ <input type="checkbox"/> H1-b Expires: _____ <input type="checkbox"/> Other (please specify) _____ Expires: _____ | |
| Military: | Branch | Dates of Service | Highest Rank | Reserves | Commission |
| | | | | | |
| Has there ever been any disciplinary action taken against you by a licensing body, hospital or professional society? If yes please explain: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| BCLS: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, attach a copy | |
| ACLS: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, attach a copy | |
| DEA Reg #: | | DEA Expiration Date: | | | |

| College/University | | | | | |
|---------------------|--------------|----------------|---------------|---------------------------|-------------------|
| Name of Institution | Full Address | Dates Attended | | Date Graduated MM/YYYY | Degree or Diploma |
| | | From MM/YYYY | To MM/YYYY | | |
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| Medical School | | | | | |
|---------------------|--------------|----------------|---------------|---------------------------|-------------------|
| Name of Institution | Full Address | Dates Attended | | Date Graduated MM/YYYY | Degree or Diploma |
| | | From MM/YYYY | To MM/YYYY | | |
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| Post Graduate Training | | | | | |
|------------------------|--------------|----------------|---------------|------------|-------------------------------|
| Name of Institution | Full Address | Dates Attended | | Speciality | Successfully Completed? |
| | | From MM/YYYY | To MM/YYYY | | |
| | | | | | <input type="checkbox"/> Yes |
| | | | | | <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes. |
| | | | | | <input type="checkbox"/> No |

| USMLE Scores | | |
|--|--------|------------------|
| | Score: | Date: |
| USMLE 1 | | |
| USMLE 2 | | |
| USMLE 3 | | |
| FLEX 1 | | |
| FLEX 2 | | |
| FLEX 3 | | |
| ECFMG (if Applicable) <i>Valid ECFMG certificate required if you graduated from a medical school outside the U.S. or Canada</i> | | Expiration Date: |
| | | |

Three Letters of Recommendation (one must be from the Program Director and one from the Department Chairman and one of your choosing)
(Please provide full name, title and phone number)

1. _____

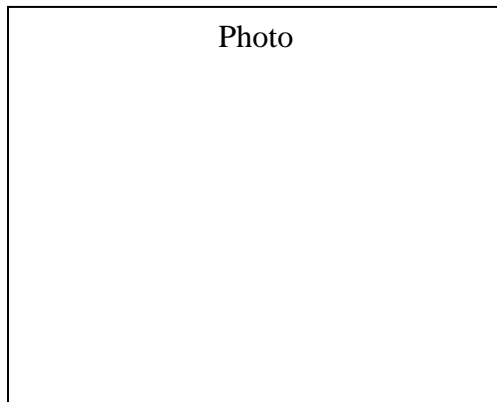
2. _____

3. _____

I certify that the information listed above, and on the attached Curriculum vitae, is correct.

Signature of Applicant: _____ Date: _____
Name as it appears on your birth certificate

Please attach 1 recent photo here: Do not glue or staple



In addition to this completed application, we also require:

- ✿ Three confidential letters of recommendation in a signed and sealed envelope. *(One must be from the program director and one from the Department Chairman and of your choosing, they must be mailed directly to UC-Neurotology, do not include them in your application, (address below)).*
- ✿ Current curriculum vitae
- ✿ A copy of your State License (if applicable)
- ✿ A copy of your Medical Diploma
- ✿ A copy of your most two recent publications
- ✿ Personal Statement including career objectives and research goals
- ✿ A copy of your Official USMLE Step 1, 2, and 3 Score Report
- ✿ YOU MUST REGISTER WITH THE SF MATCH IN ORDER FOR YOUR COMPLETED APPLICATION TO BE CONSIDERED FOR AN INTERVIEW

Please send all requested materials to:

Kris Loughran
Neurotology Program Coordinator
Department of Otolaryngology-Head and Neck Surgery
231 Albert Sabin Way
P O Box 670528
Cincinnati, Ohio 45267-0528

Email: kris.loughran@uc.edu
Office: 513-558-4196