UNIVERSITY OF Cincinnati

Neurotology Fellowship Application
Ravi N. Samy, M.D., F.A.C.S.
Program Director

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 ☐		Permanent US Resident ☐	Other *(Please indicate which visa you plan to obtain or have along with expiration date)* ☐ J1 Exchange Visitor Expires: _____ ☐ H1-b Expires: _____ ☐ 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:				☐ Yes ☐ No	
BCLS:	☐ Yes		☐ No	If yes, attach a copy	
ACLS:	☐ Yes		☐ No	If yes, attach a copy	
DEA Reg #:			DEA Expiration Date:		

College/University					
Name of Institution	Full Address	Dates Attended From MM/YYYY To MM/YYYY		Date Graduated MM/YYYY	Degree or Diploma

Medical School					
Name of Institution	Full Address	Dates Attended From MM/YYYY To MM/YYYY		Date Graduated MM/YYYY	Degree or Diploma

Post Graduate Training					
Name of Institution	Full Address	Dates Attended From MM/YYYY To MM/YYYY		Speciality	Successfully Completed?
					☐ Yes ☐ No
					☐ Yes ☐ No

USMLE Scores		
	Score:	Date:
USMLE 1		
USMLE 2		
USMLE 3		
FLEX 1		
FLEX 2		
FLEX 3		
ECFMG (if Applicable) *Valid ECFMG certificate required if you graduated from a medical school outside the U.S. or Canada*		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

Photo

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 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