

Application for Otology/Neurotology Fellowship

UNIVERSITY OF MINNESOTA

Request for Appointment to Begin:			
Name (last, first middle):			
Present Address:			
Telephone Number:		Cell Phone Number:	
Permanent Address:			
Date of Birth (mm/dd/yyyy):		Place of Birth (City, State):	
Citizenship:		Type of Visa:	
E-mail (that you use most):			
Name and Address of Spouse of Nearest Relative:			
Telephone Number:			

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

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

Post-Graduate Training					
Name of Institution	Full Address	Dates Attended From MM/YY To MM/YY		Specialty	Successfully Completed? (circle one)
					Yes No
					Yes No

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Three Letters of Recommendation

(Please provide full names and addresses. At least one should be from an otologist and one from the Chairperson of your Department.)

1. _____

2. _____

3. _____

Academic Honors, Membership in Scientific and Professional Organizations

Professional Publications <i>(Please list all authors in order in which they appear and attach reprints if available. Attach additional sheets in necessary.)</i>

Signature of Applicant:	
Date:	

<p><i>Please attach a recent photograph here:</i></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p>In addition to this completed application, we also require:</p> <ul style="list-style-type: none"> ○ Three letters of recommendation ○ Your curriculum vitae ○ A copy of your MD degree ○ A copy of your USMLE (or equivalent exam) Step 1, 2 and 3 scores ○ A copy of your Minnesota State License (if available) ○ A copy of any recent publications (last 2 or 3 years) ○ A transcript of your medical school record <p>Submitting Your Completed Application and Supplemental Materials: We prefer all materials are combined into one document, but will accept individual files. Once you are ready to submit the required information, please email the Medical Education Coordinator at otoed@umn.edu. They will send out an individual secure BOX link invitation to upload your completed submission to the review committee.</p>
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