

## University of Washington Clinical Neurophysiology & Epilepsy Fellowships APPLICATION

Clinical Neurophysiology \_\_\_      Epilepsy \_\_\_      Either \_\_\_      Both \_\_\_

For Start Date of:

Date of Application: <i>m/d/y</i>
Name: <i>Last, First, Middle Initial</i>
Date of Birth: <i>m/d/y</i>
Gender:
Visa Sponsorship Needed?:
Country of Birth:
Country of Citizenship:
Visa status ( <i>if applicable with visa#</i> ):
Current Address:
Contact Email:
Mobile number: <i>area code + number</i>
Alternative contact ( <i>i.e.: pager number</i> )

USMLE Number:
USMLE Step 1 score: USMLE Step 2 score: USMLE Step 3 score:
ECFMG number ( <i>if applicable</i> ):
US State License State: Number:
DEA number:
Medical School and Address:
Degree:                      Date:
Internship Address:
Residency Type:
Residency Address:
Anticipated Date of Completion:
Other Post-Graduate Degree(s) & Dates:

**Personal Attestation:**

	Yes	No
1. Have you ever been called before any entity for questioning concerning unprofessional conduct, incompetence, negligence, unsafe practices, or mental or physical impairment?		
2. Have you ever been placed under probation, suspension, remediation, or disciplinary action of any sort?		
3. Has your medical license ever been denied, revoked, suspended, or restricted?		
4. Have you been involved in a medical malpractice lawsuit or claim, whether or not you were individually named as a defendant?		
5. Have you ever used a prescription drug, including controlled substances, for other than therapeutic purposes?		
6. Have you ever been addicted to, or treated for addiction to a controlled substance, drug, alcohol, or chemical?		
7. Are you suffering from any disability or illness (mental or physical) which could affect your ability to fully practice medicine?		

If you answered "yes" to any question, please explain (add sheet as required):

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