



Attach Photograph

APPLICATION

Advanced Fellowship in Neuromuscular Disease Duke University Medical Center Durham, North Carolina

Start date: _____

Name: _____

Social Security #: _____

Date of Birth: _____ Birthplace: _____
(City, State, Country)

Preferred Mailing Address: _____

Permanent Address:
(if different from Mailing Address) _____

Telephone: (Day) _____ (Evening) _____ (Cell/Pager) _____

E-mail address: _____

Citizenship: _____ Visa Status (if non-U.S.): _____

Education (Undergraduate/Premedical, Graduate School, Medical School)

Institution	Degree	Location (City, State, Country)	Matriculation date	Graduation date

Postgraduate Medical Training (Internship, Residencies, Fellowships)

Institution/Program	Location (City, State, Country)	Start date	Completion date

Other Hospital or Laboratory Experience:

Letters of reference (2 or 3) will be forwarded from: (give names, titles, and addresses)

1.

2.

3.

Present research or academic interests in Neurology:

Goals for fellowship training and for career when training completed:

Special honors, awards or society memberships, publications:

Date _____ **Signed** _____

Please return completed application, current curriculum vitae, and reference letters to:

Vern C. Juel, M.D.
Neuromuscular Medicine Fellowship Program
Duke University Medical Center
DUMC 3403
Trent Drive, Clinic 1L, Room 1255
Durham, NC 27710-3403