Department of Otolaryngology – Head and Neck Surgery

NEUROTOLOGY FELLOWSHIP APPLICATION

Application deadline June 15, 2020
Interview dates: August 20 and August 29, 2020
Position starts: July 1, 2021

APPLICANT NAME: ________________________________________________________________

Applicant Eligibility
The following criteria must be met:

□ Medical degree from an accredited institution
□ Good standing with an ACGME accredited otolaryngology residency program
□ Participation in San Francisco Neurotology Match Program
□ Face-to-Face Interview

Prior to starting duties on July 1, 2021, the applicants must also obtain:

□ Graduation from their residency program
□ Trainee physician’s license from the Missouri State Board of Healing Arts
□ Registration with the Bureau of Narcotics and Dangerous Drugs (BNDD) and Drug Enforcement Administration (DEA)

Application Check List

☐ Complete the checklist and brief personal data form (following page)
☐ Attach a personal statement regarding your interest in our Neurotology fellowship
☐ Attach a curriculum vitae
☐ Attach a photo
☐ Provide copies of USMLE and medical school transcripts
☐ Three reference letters: should include your Program Chair, Program Director and an Otologist. Please have letter writers send them separately.

Please send application packets to:
Washington University School of Medicine
Dept. of Otolaryngology – Head and Neck Surgery
c/o Kristin Vierling
660 South Euclid Ave., Box 8115
St. Louis, MO 63110

We thank you for your interest in our program. If you have further questions about the program or application please contact us at phone (314) 273-6301, fax (314) 747-1004, kvierling@wustl.edu, or http://oto.wustl.edu/Education/Fellowship-Neurotology.

Sincerely, Drs. Buchman, Herzog, Durakovic, Goebel, McJunkin, Wick and Shew (current fellow)
PERSONAL DATA FORM

Name: ___________________________________________________________________________

SF Match ID: _____________ Date of Birth: ____________ City of Birth: ___________________

Citizenship: ______________ Visa Type: ______________ Language Fluency: _______________

Address: ________________________________________________________________________

Phone (home, cell): _________________________________________________________________

Email Address: _____________________________________________________________________

Residency: ______________________________________________________________________

Medical School: __________________________________________________________________

    USMLE Step I: ______________
    USMLE Step II: ______________
    USMLE Step III: ______________

Undergraduate School: __________________________________________________________________

    Major: ________________________________________________________________________

Do you have any academic or private practice experience? ______________________________

Do you have any military experience? _________________________________________________

Have you ever been named in a malpractice suit/settlement? ___________________________

Have you ever been convicted of a crime, other than a minor traffic violation? ____________

* If you answered yes to either of the above questions, please attach a summary of the event.

Please list the names of your three references:

1) ____________________________________________________________________________

2) ____________________________________________________________________________

3) ____________________________________________________________________________

In your curriculum vitae, please include the following:

    Honors and Awards
    Memberships in any Professional Organizations or Societies
    Publications and Presentations (indicate poster or oral presentations)
    Research Experience or Areas of Interest
    Teaching/ Tutoring Experience
    Extracurricular Activities and Hobbies
    If applicable, proof of ECFMG certification

I certify that the information listed above, and on my curriculum vitae, is accurate.

Signature: ______________________________ Date: ______________