

# Application for Otology/Neurotology Fellowship



Request for Appointment to Begin:			
Name ( <i>last, first, middle</i> ):			
Present Address:			
Telephone Number:		Cell Phone Number:	
Permanent Address:			
Date of Birth ( <i>mm/dd/yyyy</i> ):		Place of Birth ( <i>City, State</i> ):	
Citizenship:		Type of Visa:	
Marital Status:		Number of Children:	
Name and Address of Spouse or Nearest Relative:			
Telephone Number:			

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

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

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

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## Two Letters of Recommendation *(please provide full names and addresses)*

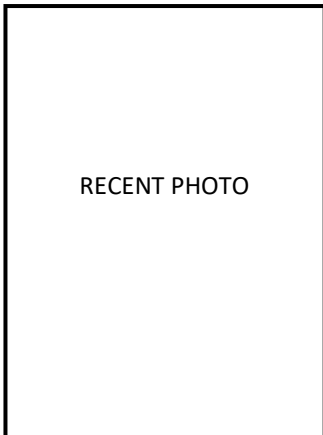
1. \_\_\_\_\_
2. \_\_\_\_\_

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 if necessary.)</i>

Signature of Applicant:	
Date:	

*Please attach one recent photograph here: In addition to this completed application, we also require:*



- Two letters of recommendation
- Your curriculum vitae
- A copy of your MD degree
- A letter from the Chairman of your Department
- A copy of your New York State License (if available)
- A copy of any recent publications
- A transcript of your medical school records

*Please send all requested materials to:*

Sean McMenemy, MD  
Director, Neurotology Fellowship  
Department of Otolaryngology  
NYU School of Medicine  
550 First Avenue, NBV 5E5-10  
New York, NY 10016  
Attn: Diann Sangster