



# Neurology Fellowship Application

## Medical College of Wisconsin

### Pediatric Neurocritical Care Program

#### APPLICANT PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

Full Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt#

\_\_\_\_\_ City State ZIP

Home Phone: \_\_\_\_\_

Cell/Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current/Most Recent Training Program: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Current/Most Recent Program Director: \_\_\_\_\_

PD Email Address: \_\_\_\_\_ PD Phone Number: \_\_\_\_\_

**For fellowship candidacy consideration, please submit the following required application documents:**

- Application form
- Photo
- CV
- Personal Statement
- Three letters of recommendation (*one letter MUST be from Residency Director*)
- ECFMG, USMLE and Medical Transcripts (*copies ok*)

**Please send all application materials to:**

Niyati Mehta, MD c/o Program Coordinator  
Pediatric Neuro Critical Care Program  
[Neurofellowships@mcw.edu](mailto:Neurofellowships@mcw.edu)

*I hereby certify that I will be BE/BC in Neurology with Special Qualifications in Child Neurology through the ABPN as of the start of this fellowship. If not, the PNCC Program and MCW reserves the right to rescind any fellowship offer given.*