



UPMC LIFE
CHANGING
MEDICINE

UPMC Medical Education Program
Department of Physical Medicine & Rehabilitation

Academic Year 2018-2019
Brain Injury Medicine Fellowship Application

APPLICATION DEADLINE: SEPTEMBER 1, 2017

INSTRUCTIONS FOR APPLYING TO THE
BRAIN INJURY MEDICINE FELLOWSHIP
ACGME #3474134001

1. The application and attachments should be emailed to:
Stacey Snead-Peterson, MS at sneadpetersons@upmc.edu
2. Applicants must submit the following with the application:
 - a. Updated curriculum vitae.
 - b. Copies of ALL score sheets from USMLE and/or other examinations.
 - c. ECFMG Certificate, if applicable.
 - d. Three letters of recommendation, one of which must be from your current program director. Applicants are expected to collect these or have them sent or emailed (preferred) directly to Ms. Snead-Peterson at the email address above.
 - e. Electronic photo

Stacey Snead-Peterson, MS
GME Academic Manager
Department of Physical Medicine & Rehabilitation
Building B 11th floor Suite 11522
1400 Locust Street
Pittsburgh, Pennsylvania 15219

Brain Injury Medicine Fellowship Application

Personal Information

Name _____
Last First Middle

Mailing Address _____
Street Apt.#

City State/Province Zip Country

Permanent Address _____
(if different) Street Apt.#

City State/Province Zip Country

Cell/mobile phone: _____

Email: _____

Birthdate: _____

Social Security Number: _____

Citizenship

U.S./other: _____

International applicants, please specify type of visa _____

Brain Injury Medicine Fellowship Application

Training and Examinations

Examinations

USMLE/COMLEX 1

Pass Date: _____ Score (2 digit) _____ Score (3 digit) _____

USMLE/COMLEX 2

Pass Date: _____ Score (2 digit) _____ Score (3 digit) _____

USMLE/COMLEX 3

Pass Date: _____ Score (2 digit) _____ Score (3 digit) _____

Have you ever failed the USMLE1 or USMLE2? Yes No

CSA

Pass Date: _____

Medical Licensure (State/Lic. #) _____

PM&R Boards

Date of Boards _____ Passed? Yes No

Residency History

Residency Institution _____

Years attended (e.g., 2000-2004) _____

Other Residency _____

Institution _____

Years attended _____

Brain Injury Medicine Fellowship Application

Personal Statement
