

**Hartford HealthCare**  
**Sports Neurology Fellowship Application**

**CONTACT INFORMATION:**

**Name** (first and last): \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Mailing Address** (line 1): \_\_\_\_\_

(line 2): \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Degree:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_

**J-1 Visa:**                       No       Yes – include a copy of your visa with your application

**CURRENT / PRIOR GME TRAINING:**

**Discipline:** \_\_\_\_\_

**Institution & Location:** \_\_\_\_\_

**Dates Attended:** \_\_\_\_\_

**Discipline:** \_\_\_\_\_

**Institution & Location:** \_\_\_\_\_

**Dates Attended:** \_\_\_\_\_

**MEDICAL EDUCATION:**

Medical School:	_____	Year Graduated:	_____
Internship:	_____	Year Graduated:	_____
Residency:	_____	Year Graduated:	_____

**\*If you are a FMG, please include a copy of your ECFMG certificate**

**RECOMMENDATION LETTERS:**

Three letters of recommendation are required. These letters must be from faculty members that you have worked with during residency or graduate medical education training.

Please list the faculty who will provide letters of recommendation.

Name	Title	Email Address

**Along with the completed application please include:**

- Recent Photo
- Curriculum Vitae
- Personal Statement
- Visa (if applicable)
- USMLE Results
- ECFMG Certificate (if applicable)

**Email completed application and additional documents to:** [lisa.bonet@HHHealth.org](mailto:lisa.bonet@HHHealth.org)