



North American Spine Society Interventional Spine and Musculoskeletal Medicine Fellowship Common Application

MD PhD DO Other

Name Last First Middle

Date of Birth (MM/DD/YY) SSN

Address City, State, ZIP

Home Phone Cell Phone Other Phone

E-mail Alternate E-mail

Current Hospital/Institution City, State, ZIP

PLEASE COMPLETE THE FOLLOWING CONCERNING ANY REVOCATIONS AND/OR DENIED PRIVILEGES.

Have you ever been denied a license and/or privileges?

If YES, please provide information concerning the incident(s):

Are you required to fulfill any service obligations post-fellowship (i.e. National Health Service Corps, Armed Forces Scholarship, state programs, etc.)? If YES, please state your service start date and length

Citizenship United States Other (specify) Visa Status

Permanent Contact Name

Address Phone

USMLE/COMLEX Scores

Step 1 Step 2 Step 3

Date Date Date



Board Certified Specialties (if applicable)

Year Certified Expires

MEDICAL TRAINING & EDUCATION

Program/Hospital Name, City, State

Specialty

Dates (M/Y-M/Y)

Residency

Residency

Honors/Awards

Program/Hospital Name, City, State

Type

Dates (M/Y-M/Y)

Internship

Honors/Awards

Institution Name, City, State

Dates (M/Y-M/Y)

Research Experience

Research Topic

Duties

Honors/Awards

Institution Name, City, State

Dates (M/Y-M/Y)

Research Experience

Research Topic

Duties

Honors/Awards

Institution Name, City, State

Degree

Dates (M/Y-M/Y)

Medical School

Honors/Awards

Institution Name, City, State

Degree & Major

Dates (M/Y-M/Y)

Graduate

(If applicable)

Honors/Awards

Institution Name, City, State

Degree & Major

Dates (M/Y-M/Y)

Undergraduate

Undergraduate

Honors/Awards

LETTERS OF RECOMMENDATION, IN ADDITION TO THE DEAN'S LETTER, HAVE BEEN REQUESTED FROM THE FOLLOWING INDIVIDUALS:

(All letters must be on letterhead with the recommender's signature or e-signature)

<u>Name</u>	<u>Title</u>	<u>Institution</u>	<u>Address</u>

Please select one:

I hereby waive the right to access the above letters and will so inform the authors.

I hereby reserve the right to access the above letters and will so inform the authors.

By typing your name below you are submitting an e-signature which will act as your signature confirming your understanding and adherence to the following statement:

I have read and I understand the instructions for completing this application. I certify that the information submitted in this application, and in supplemental documents, is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me for this position.

Signature of Applicant

Date



Instructions for Application to the NASS Interventional Spine and

Musculoskeletal Fellowship Program PLEASE READ CAREFULLY

1. Please include your CV and PERSONAL STATEMENT as separate documents.

Your CV should include (but is not limited to) the following:

- Additional research experience
- Publications & contributions (abstracts, manuscripts, peer-reviewed articles, presentations)
- Memberships & Professional/Society Meetings (if applicable)
- Community service work
- Certifications
- Honors
- Licenses, etc.

Your PERSONAL STATEMENT should include your short and long-term professional goals and why you are interested in pursuing an interventional spine and musculoskeletal medicine fellowship.

Please submit the completed application form to each individual NASS ISMM Fellowship program. Each individual program may have additional requirements.

The full list of NASS-recognized ISMM Fellowship programs can be found on the NASS website:
<https://www.spine.org/Portals/0/Assets/Downloads/Education/ISMMFellowshipDirectory.pdf>