

Yale School of Medicine / Yale New Haven Health System

Department of Neurology

Yale Comprehensive Epilepsy Center

Critical Care EEG Fellowship Application

**Name (Last, First MI):**

**Current Mailing Address (Street, City, State, ZIP):**

**Telephone Number:**

**Date of Birth (MM/DD/YYYY):**

**Place of Birth (County, City, State):**

**Citizen of Country:**

**Visa Status (if any) and Expiration Date (Month/Year):**

**Residency Accreditation:**

- Accreditation Council for Graduate Medical Education (ACGME)
- Royal College of Physicians and Surgeons of Canada (RCPSC)
- Program outside of the United States and Canada
- ECFMG Certification Number and Date (if applicable):

**Residency Location (School/Hospital, Country, State, City):**

**Residency Complete Date (Month/Year):**

**Current Occupation or Training Status (PGY level, if applicable):**

**I hereby apply for an appointment at Yale as a postdoctoral fellow in Critical Care EEG for one year starting in:**

**(Month/Year):**

**Signature:**

**Date:**