



# Neurointerventional Fellowship Application

Medical College of Wisconsin

**Applicant Information**

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yyyy

**Personal Information**

Full Name: \_\_\_\_\_  
Last First MI

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

\_\_\_\_\_ City State Zip

Home Phone: ( ) - \_\_\_\_\_ Other: ( ) - \_\_\_\_\_ ext.

E-mail: \_\_\_\_\_

Social Security Number or Government ID (optional): \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ dd mm yyyy Marital Status: \_\_\_\_\_

**Fellowship Pathway Choice and Year**

- |  | Yes                      | No                       | Starting    |
|--|--------------------------|--------------------------|-------------|
| 1. Straight Neurointerventional fellowship for two years               | <input type="checkbox"/> | <input type="checkbox"/> | July 20____ |
| a. Candidate already completed stroke or neurocritical care fellowship |                          |                          | yy          |
| b. Radiology candidate who completed neuroradiology fellowship         |                          |                          |             |
| c. Neurosurgery resident who completed their residency                 |                          |                          |             |
| 2. Combined Vascular & Neurointerventional Fellowship                  | <input type="checkbox"/> | <input type="checkbox"/> | July 20____ |
| a. Candidate already completed neurology residency                     |                          |                          | yy          |
| 3. Combined Neurocritical Care and Neurointerventional Fellowship      | <input type="checkbox"/> | <input type="checkbox"/> | July 20____ |
| a. Candidate already completed neurology residency                     |                          |                          | yy          |

**References**

Full Name: \_\_\_\_\_  
Last First MI

E-mail: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_ ext.

Full Name: \_\_\_\_\_  
Last First MI

E-mail: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_ ext.

Full Name: \_\_\_\_\_  
Last First MI

E-mail: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_ ext.