

International Observership for Education in Neurosciences: i-OPEN

Application Form

(please complete this application along with **ALL** the other documents specified in the application process)

Last Name: _____ First Name: _____

Date of Birth: ___/___/_____ Place of Birth: _____ Gender: M / F

Permanent Address: _____

Country: _____ Nationality: _____

US Address (if applicable): _____

(please attach a recent 5x5 photograph)

MEDICAL EDUCATION (please attach Medical School Diploma – if applicable)

1. Medical School: _____

Expected degree upon completion of medical training (e.g. MD, MBBS): _____

Address: _____

Country: _____ Start date: ___/___/___ End Date (expected, if still a resident): ___/___/___

2. Residency Training: _____

Address: _____

Country: _____ Start date: ___/___/___ End Date (expected, if still a resident): ___/___/___

Program Director: _____ Email: _____

3. Fellowship Training: _____

Address: _____

Country: _____ Start date: ___/___/___ End Date (expected, if still a fellow): ___/___/___

Program Director: _____ Email: _____

CURRENT EMPLOYER (practicing physicians only)

Institution's name: _____

Current title (e.g. Assistant Professor, Instructor): _____

Address: _____

Country: _____ Start date: ____/____/____ Years in practice: _____

Department Director: _____ Email: _____

i-OPEN TRACKS (please check below for available subspecialties in within the neurology department:

Desired Track #1: _____

Desired month #1: _____

Desired Track #2: _____

Desired month #2: _____

Desired Track #3: _____

Desired month #3: _____

Department of Neurology, Medical College of Wisconsin - List of sub-specialties:

General Neurology

Neuro-Muscular

Neuro-pathology

Clinical Neurophysiology

Epilepsy

Movement Disorders

Neuro-ICU

Headache

Neuro-Ophthalmology

Neuro-intervention

Neuro-immunology

Neuro-Oncology

IMPORTANT: Federal US regulations prevent international medical observers from having direct patient care responsibilities or to be involved with volunteer research. In addition, *i-OPEN* participants will be responsible for accommodation, meals, traveling and commuting expenses. We also encourage *i-OPEN* applicants to apply for a B1/B2 visa to enter The United States. A letter from *i-OPEN* may be provided upon request.

I attest that the information above is current and true

Signature: _____

Date: ____/____/____