



knowledge changing life

**MEDICAL COLLEGE OF WISCONSIN / DEPARTMENT OF NEUROSURGERY
MILWAUKEE, WISCONSIN**

DOCTOR OF CHIROPRACTIC FELLOWSHIP APPLICATION

PLEASE INDICATE THE ACADEMIC YEAR FOR WHICH YOU ARE APPLYING (ex: 7/1/2026-6/30/2027)

START DATE:

END DATE:

PERSONAL INFORMATION

NAME

LAST:

FIRST:

MIDDLE:

*Other names by which you may have been known professionally:

DATE OF BIRTH:

GENDER:

PRESENT ADDRESS

STREET ADDRESS:

CITY/ STATE/ ZIP:

HOME PHONE NUMBER:

CELL PHONE NUMBER:

PREFERRED EMAIL ADDRESS:

CITIZENSHIP:

IF NOT US CITIZEN, VISA STATUS:

BIRTH CITY/STATE:

BIRTH COUNTRY *if applicable:

LANGUAGES SPOKEN BY APPLICANT:



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EMERGENCY CONTACT INFORMATION

NAME:

RELATIONSHIP:

PHONE:

EDUCATION AND TRAINING

NAME OF INSTITUTION:

STREET ADDRESS:

CITY/STATE/ZIP

STATE DATE:

FINISH DATE:

FIELD OF STUDY:

DEGREE:

GPA:

LICENSING

CHIROPRACTICE LICENSE:

LICENSE #:

STATE:

EXP:

BOARD ACTION:

LICENSE #:

STATE:

EXP:

BOARD ACTION:

(If more, please report on separate sheet)

OTHER HEALTH-CARE RELATED LICENSES:

TYPE:

LICENSE #:

STATE:

EXP:

BOARD ACTION:

TYPE:

LICENSE #:

STATE:

EXP:

BOARD ACTION:

(If more, please report on separate sheet)



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1. Have your privileges at any healthcare institution been suspended or revoked? If so, please provide dates and details regarding the suspension/revocation.
2. Has your chiropractic license ever been suspended or revoked? If yes, please provide dates of suspension and details regarding the suspension/revocation.
3. Have you ever been convicted of a misdemeanor? If yes, please provide dates and details regarding the conviction.
4. Have you ever been convicted of a felony? If yes, please provide dates and details regarding the conviction.

PLEASE ATTACH THE FOLLOWING DOCUMENTS

- ☐ CURRENT CV
- ☐ Personal Statement – to include personal background, interest and goals of participation in DCFP.
- ☐ Copy of Graduation Certification or letter attesting to anticipated graduation date and good standing.
- ☐ Copy of Chiropractic license

REFERENCES

LETTERS OF RECOMMENDATION: In order for your application to be complete, you must provide three letters of recommendation (LOR) within the year. LORs may be submitted directly to our program coordinator via email tvaughn@mcw.edu. Please indicate who you will be asking to provide LORs.

1. Name/Email Address:
2. Name/Email Address:
3. Name/Email Address: