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# Stroke Research Fellowship Application

## Applicant Information

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| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

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| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

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|  |  |  |  |
|  | City | State | ZIP Code |

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| Phone: |  |  Email: |  |  SS No: |  |

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| Are you a citizen of the United States? | YES[ ]  | NO[ ]  | If no, what is your current visa? |  |  |

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| Have you ever been party to any malpractice liability claims, suits, and/or settlements? | YES[ ]  | NO[ ]  | If yes, please attach summary. |  |
| Are you currently licensed to practice medicine? | YES[ ]  | NO[ ]  | If yes please attach copy of license. |  |
| Has your license ever been suspended, revoked, or voluntarily surrendered? | YES[ ]  | NO[ ]  | If yes, please attach explanation. |
| Have you ever been disciplined, in any way, by a licensing board? | YES[ ]  | NO[ ]  | If yes, please attach explanation. |  |
| Have you ever been convicted of a crime, other than a minor traffic violation?  | YES[ ]  | NO[ ]  | If yes, please attach explanation. |

## References

Please list contact information for your three references. Please request that letters of recommendations be addressed to The Stroke Research Fellow Selection Committee. Letters should be sent to Ms. Reena Black, Dept. of Neurology, 1161 21st Avenue South, MCN A-0118, Nashville, TN 37232

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| Full Name: |  | Phone: |  |
| Institution: |  | Title: |  |
| Address: |  |
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| Full Name: |  | Phone: |  |
| Institution: |  | Title: |  |
| Address: |  |
|  |  |
|  |  |  |  |
| Full Name: |  | Phone: |  |
| Institution: |  | Title: |  |
| Address: |  |

## Military Service

|  |  |  |
| --- | --- | --- |
| Are you active duty in Armed forces? | YES[ ]  | NO[ ]  |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank: |  | Reserve or National Guard Status: |  |

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| --- | --- | --- |
| Are you obligated, through a health professions loan, for military obligation? | YES[ ]  | NO[ ]  |

## Disclaimer and Signature

*“In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, Vanderbilt University does not discriminate on the basis of race sex, religion, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other University-administered programs; or employment. Inquires or complaints should be directed to the Opportunity Development Officer, Baker Building, Box 1809 Station B, Nashville, TN 37235. Telephone (615) 322-4705 (V/TDD); fax (615) 421-6871.”*

*If I accept the appointment as research fellow at Vanderbilt University Medical Center I agree to serve the full term and to abide by the rules and regulations of the Medical Center and Service to which I am attached.*

*I certify that the information provided in this application is true and correct.*

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |