UNIVERSITY OF IOWA NEUROSURGERY
PRE-CLINICAL FELLOWSHIP

Director: Jeremy D.W. Greenlee, M.D.
Associate Directors: Brian Dlouhy, M.D. and Kathleen Dlouhy, M.D.

Interested applicants are invited to apply for a one- to two-year fellowship opportunity within the Department of Neurosurgery. This fellowship provides the candidate the opportunity to participate fully in the clinical and teaching activities of the University of Iowa neurosurgery training program. Fellows are supervised by internationally recognized faculty members and receive extensive exposure to the full range of clinical neurosurgery. International applicants are welcome to apply. Previous fellows have been successful in making use of this training opportunity to subsequently secure U.S. accredited neurosurgery residency positions.

Requirement
Applicants must have passed the USMLE Steps I, II, and III and hold an ECFMG certificate.

Time Allocation
Percent of Fellowship devoted to operative care: 50%
Percent of Fellowship devoted to non-operative Care
(Clinic, Inpt Hospital Care): 50%

Exposure by Diagnostic Category
Degenerative: 35%
Tumor: 10%
Trauma 20%
Pediatric: 10%
Deformity: 10%
Vascular: 15%
Pre-Clinical Fellowship Application

Application Process Checklist:
1. Application form
2. Curriculum vitae of applicant
3. One personal photograph
4. Three letters of reference

For Additional Information:
Please contact:
Kathy Escher, Program Coordinator
(319) 356-2771
kathy-escher@uiowa.edu

I. Personal Information

Name: _________________________________
Spouse: ________________________________
Current Address: _________________________
Phone: ________________________________
Cell Phone #: __________________________
Pager #: (if available) ____________________
Citizenship/Visa Status: __________________
Email Address: ___________________________
(Please attach a copy with application)
Specialty Boards:

II. Business Address

Practice or Hospital:

Address: ________________________________
Phone: ________________________________
Fax: ________________________________
Pager: ________________________________

III. Educational Background

(Undergraduate and Post-Graduate) Name, Location, Dates and Degree:

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<tr>
<th>Institution Attended</th>
<th>Dates</th>
<th>Degree</th>
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<td>Undergraduate</td>
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<td>Medical School</td>
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<td>Internship</td>
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<td>Residency</td>
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<td>Other</td>
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Medical Licensure: State(s) ________________
REQUIRED

EXAMS          SCORE          PERCENTILE

USMLE I         _______  ___________
USMLE II        _______  ___________
USMLE III       _______  ___________

ECFMG Certificate # _____________________

IV. Honors/Awards

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

V. Other Special Training or Skills (Languages, Computer, Certifications, etc.)

________________________________________________________________________________
________________________________________________________________________________

VI. Research Interests

________________________________________________________________________________
________________________________________________________________________________

VII. Letters of Reference

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VIII. Personal Statement (500 words or less) Please attach separately

APPLICATION DEADLINE:

Please send application materials by email or regular mail to:

Kathy Escher  
UIHC Department of Neurosurgery  
200 Hawkins Drive  
Iowa City, IA 52242  
Phone: (319) 356-2771  
Email: kathy-escher@uiowa.edu