UNIVERSITY OF IOWA NEUROSURGERY
PRE-CLINICAL FELLOWSHIP

Director: Kathleen Dlouhy, MD, MBA, MA
Associate Directors: Jeremy Greenlee, MD; Brian Dlouhy, M.D. and Rebecca Reynolds, 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) 356-2586
kathy-escher@uiowa.edu

I. Personal Information

Name: ________________________________
Spouse: ________________________________
Current Address: _________________________
_______________________________________
_______________________________________
_______________________________________
Email Address: ___________________________(Please attach a copy with application)
(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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<td>Medical Licensure: State(s)</td>
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### REQUIRED

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<tr>
<th>EXAMS</th>
<th>SCORE</th>
<th>PERCENTILE</th>
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<td>USMLE I</td>
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<td>USMLE II</td>
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<td>USMLE III</td>
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<td>ECFMG Certificate #</td>
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### IV. Honors/Awards

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

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### VI. Research Interests

________________________________________________________________________________
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### VII. Letters of Reference

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<td>2.</td>
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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) 356-2586  
Email: kathy-escher@uiowa.edu