

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)

Specialty Boards:

Today's Date _____

Telephone # _____

Cell Phone # _____

Pager # (if available) _____

Citizenship/Visa Status: _____

(Please attach a copy with application)

II. Business Address

Practice or Hospital:

Address: _____

Phone: _____

Fax: _____

Pager: _____

III. Educational Background

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

Institution	Dates	Degree
Attended		
Undergraduate _____	_____	_____
Medical School _____	_____	_____
Internship _____	_____	_____
Residency _____	_____	_____
Other _____	_____	_____
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

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____

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