Cancer Rehabilitation Fellowship Application

Rutgers New Jersey Medical School / Kessler Institute for Rehabilitation

Application Checklist

Please copy all supporting documents on the checklist below into an email.

- [ ] Cancer Rehabilitation Fellowship Application
- [ ] Personal Statement
- [ ] Current CV (all time gaps should be accounted for)
- [ ] USMLE/COMLEX Score Reports (All Steps/Levels)
- [ ] Three Letters of Recommendation
  (Letters should be sent directly to program rather than in this packet, if requested by letter writer or fellowship program)
- [ ] Copy of Medical School Diploma
- [ ] Copy of Residency Diploma (if applicable)
- [ ] ECFMG Certificate (if applicable)

Cancer Rehabilitation Fellowship Application Form

Rutgers New Jersey Medical School / Kessler Institute for Rehabilitation

Name (Last, First, Middle): _____ Date of Birth: _____

Permanent Address: _____ Preferred Pronouns: _____

Mailing Address (if different): _____

Email Address: _____ Phone #: _____ Citizenship: _____

Medical License (if applicable): State: _____ License #: _____

International Grads:	ECFMG Certificate #: _____ Certificate Date: _____
If you are not a U.S. Citizen:	Can you currently work in the U.S.? ☐ Yes ☐ No Current Visa Expiration Date: _____ Current Visa Type: _____ Expected Visa Type for Fellowship: _____

Education	Institution & City/State	Degree	Dates
Undergrad School:			
Graduate School:			
Medical School:			
Internship:			
Residency:			
Residency:			
Fellowship:			
Other:			

	USMLE	Step 1	Step 2 CK	Step 2 CS	Step 3	COMLEX	Level 1	Level 2	Level 3
Score									
Date									
Retook exam?		☐Y / N☐	☐Y / N☐	☐Y / N☐	☐Y / N☐		☐Y / N☐	☐Y / N☐	☐Y / N☐

Reference Name	Institution/Position	Phone	E-mail
1.			
2.			
3.			

The information contained in this application (and accompanying documents) is accurate and true to the best of my knowledge.

Signature: _____ Date: _____