



Boston Children's Hospital Cerebrovascular Surgery and Interventions Center

Boston Children's Hospital
Department of Neurosurgery
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NeurosurgeryEducation@childrens.harvard.edu

Name: _____ Male ☐ Female ☐

Present Address: _____ **Phone:** _____

Email Address: _____

Date of birth: _____ **Place of birth:** _____

Country of Citizenship: _____

Visa status: Will need sponsorship ☐ Temporary, specify ☐ J-1 ☐ H-2
Permanent ☐

License:
☐ Other (State, Number, Expiration) _____
☐ N/A (Must be eligible for Massachusetts Medical Limited License)

(photo)

College, Medical School and Residency Education:

Institution: _____ Degree: _____ Date: _____

Institution: _____ Degree: _____ Date: _____

Institution: _____ Year of training: _____ Date: _____

Letters of Recommendation: (Name and full addresses. Please request that letters be sent directly to CSIC at email address above, attention to Dr. Smith)

1.) _____

2.) _____

3.) _____

To be included with this application:

Letter of intent []

Curriculum vitae []

USMLE Steps 1&2 certificate []

- USMLE Certificates not required for applicants who are graduates of a Canadian Medical School

Signature of applicant: _____