



## Boston Children's Hospital Cerebrovascular Surgery and Interventions Center

Boston Children's Hospital  
Department of Neurosurgery  
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[NeurosurgeryEducation@childrens.harvard.edu](mailto: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:** \_\_\_\_\_