

Application for Spine Fellowship for 2010-2011
SAN DIEGO CENTER FOR SPINAL DISORDERS
4130 LA JOLLA VILLAGE DR., SUITE 300 LA JOLLA, CA 92037

www.sandiego-spine.com

Tel: (858) 678-0610 Fax: (858) 678-0007

E-Mail: fellowship@sandiego-spine.com

Return completed application to:
Dr. Behrooz A. Akbarnia (address above)

PLEASE PRINT OR TYPE

Name _____ Social Security #: _____

Permanent Mailing Address _____

Present Mailing Address _____

Telephone Numbers: Home _____ Work: _____

E-mail address _____

Licensed to practice Medicine in State of _____ License No. _____

Passed National Boards: *Part I* ___yes ___no *Part II* ___yes___ no *Part III* ___yes ___no

Passed FLEX examination ___yes ___no

If you are a Foreign Medical Graduate have you passed the:

FMGEM ___yes ___no Certificate Date _____ Certificate Number _____

VQE ___yes ___no Certificate Date _____ Certificate Number _____

Proof of U.S. citizenship or eligibility for U.S. employment will be required upon hire in accordance with regulations established pursuant to the US Immigration Reform and Control Act of 1986.

EDUCATION

Premedical/preosteopathic _____ Dates _____ Degree _____

Other _____ Dates _____ Degree _____

Medical/Osteopathic _____ Dates _____ Degree _____

Internship _____ Dates _____ Degree _____

Hospital _____ Chief of Service _____

Residencies

_____ Dates _____ Degree _____

Hospital _____ Chief of Service _____

_____ Dates _____ Degree _____

Hospital _____ Chief of Service _____

