



Boston Children's Hospital Cerebrovascular Surgery and Interventions Center

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

Name: _____ Male Female

Present Address: _____ **Phone:** _____

Email Address: _____

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

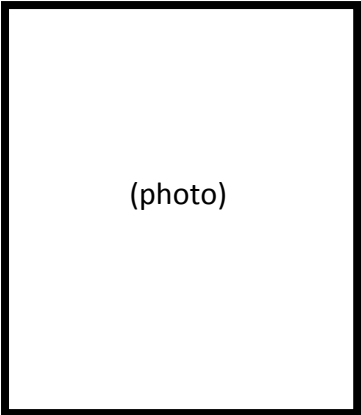
Country of Citizenship: _____

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

License: Massachusetts Permanent (Number: _____)
 Limited (Sponsoring Hospital: _____)
(Date of Expiration: _____)

Other (State, Number, Expiration) _____

N/A (Must be eligible for Massachusetts Medical Limited License)



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 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: _____