



Continuum Health Partners, Inc.

**Spine Institute Fellowship Application**

Name: \_\_\_\_\_  
Last First Middle

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

U.S. Citizenship \_\_\_\_\_ Exchange Visitor \_\_\_\_ Permanent Visa \_\_\_\_

Are you Authorized to work in the U.S.? Yes \_\_\_\_ No \_\_\_\_  
If No, Alien Reg. No \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Education**

High School Education:  
Where: \_\_\_\_\_  
Year of Graduation: \_\_\_\_\_

Undergraduate Education:  
Where: \_\_\_\_\_  
Year of Graduation: \_\_\_\_\_  
Degree: \_\_\_\_\_

Medical School:  
Where: \_\_\_\_\_  
Year of Graduation: \_\_\_\_\_  
Degree: \_\_\_\_\_

Internship: \_\_\_\_\_

Orthopaedic Residency:

Where: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Other Training: \_\_\_\_\_

New York State License No. \_\_\_\_\_

Do you speak or write any language other than English?  Yes  No

If yes, which and how well: \_\_\_\_\_

**Scores:**

ECFMG number: \_\_\_\_\_ **Year** \_\_\_\_\_

VQE number: \_\_\_\_\_ **Year** \_\_\_\_\_

FMGEMS number: \_\_\_\_\_ **Year** \_\_\_\_\_

**Please include the following with your application:**

- Current CV
- Current 2X2 sized photo
- 3 Letters of recommendation with their contact information
- Personal Statement (500 words or less)

**Please print this application, completely filled out, along with the above information and mail to:**

**Dr. Michael Neuwirth  
Spine Institute Fellowship  
10 Union Square East Suite 5P  
New York, NY 10003**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date