



LEKSELL
GAMMA KNIFE
SOCIETY

The Ladislau and Melita Steiner Radiosurgery Fellowships

APPLICATION FORM

Personal Information

Salutation First Name Last Name

Address Line 1 Address Line 2

City State Zip Code

E-mail Address Cell Phone (including country code)

Citizenship

Please note that non-US citizens or Visa holders are required to make their own Visa arrangements if offered a position in the US.

Non EU-citizens or Visa holder are required to make their own Visa arrangements if offered a position in France.

Education

Undergraduate Institution Name Degree Granted Ending

Medical School Name Degree Granted Ending

Neurosurgical Residency Institution Name Date of Board Certification
or International Equivalent

If applicable, please list the states where you hold a permanent license – include license number and expiration date

Do you currently hold a medical license?

- Yes
- No

Have you ever had a license revoked (or been denied one)?

- Yes
- No

International Medical Graduates Only

Are you certified by the ECFMG?

- Yes
- No

If yes - Certification Number:

Certification Issue Date:

Language Skills

Level of **English** Proficiency?

Level of **French** Proficiency?

Other language skills - please include level of proficiency

The policy of the Leksell Gamma Knife® Society and host hospitals is to provide equal opportunity to all of our applicants. Decisions concerning fellowship application are made upon the basis of the best qualified candidate without regard to color, race, religion, national origin, age, sex, sexual orientation, marital status, ancestry, status as a disabled or Vietnam era veteran or any other characteristic protected by law.

Personal Statement

Note that you are limited to 2000 characters including blanks.