

Department of Rehabilitation:
Brain Injury Rehabilitation Fellowship Application

Dear Fellowship Candidate,

Thank you for your interest in the Brain Injury Rehabilitation Fellowship at the Rusk Institute of Rehabilitation Medicine/NYU School of Medicine. Please submit the enclosed application form and supporting documents by October 10, 2013 for consideration to our program.

The Fellowship is a one year training program from July 1, 2014 to June 30, 2015.

The fellow trainee will participate in inpatient and outpatient clinical management of brain injury rehabilitation patients at NYU-Langone Medical Center and its affiliated institutions including Tisch Hospital, Bellevue Hospital, Rusk Institute of Rehabilitation Medicine, and Hospital for Joint Disease.

To be an eligible candidate for the fellowship, you must be a PM&R trained physician who will have successfully completed an ACGME-accredited program in Physical Medicine and Rehabilitation by July 1, 2014. This is a non-accredited fellowship as of this time.

We look forward to learning more about you.

Sincerely,

Brian Im

Brian Im, MD
Fellowship Program Director
NYU School of Medicine

Brain Injury Rehabilitation Fellowship Application Form

Title: MD / DO / other: _____

Last Name: _____

First Name: _____

Mailing Address: _____

Email Address: _____

Telephone: _____

Please submit the following documents:

- Brief essay describing your interest in the Brain Injury Rehabilitation Fellowship (personal statement)
- CV
- 3 letters of reference: if you are currently a graduating resident, one letter must be from your program director stating that you are in good standing with your program. Please provide names of the references below:
 - Letter 1 : _____
 - Letter 2: _____
 - Letter 3: _____
- Attach a picture here (so we can easily remember and identify you):



Please submit all documents to the following address:

Judy Mendoza, Residency Coordinator
NYU Langone Ambulatory Care Center
Rusk Rehabilitation
240 East 38th Street, 15th Floor, Suite 15-82
New York, New York 10016
Email: judy.mendoza@nyumc.org

Please feel free to contact our office with any questions or concerns:

Phone: (212) 263-6110; Fax: (212) 263-6251