



FELLOWSHIP APPLICATION

President and Founder
Vice President/Director of Education
Vice President/Director of Research

Herbert Silverstein, MD, FAC
Seth Rosenberg, MD, FACS
Jack Wazen, MD, FACS

Name: _____ Social Security #: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____ Country: _____

Email address: _____

Date of Birth: _____ Place of Birth: _____

Medical School: _____

Internship: Hospital _____ Year: _____ Services: _____

Any special otology training Yes _____ No _____ (if yes, where) _____

Research Projects you have worked on: (Attach separate sheet if necessary)

Other training:

1. ____ Military Service - Location _____
2. ____ Academic - Location _____
3. ____ Clinic Practice - Location _____
4. ____ Academic and Clinic Practice - Location _____
5. ____ Research - Location _____

What are your future career plans? (Attach separate sheet if necessary)

Do you have a Florida License? Yes_____No_____(If yes indicate #) _____

If no, do you have reciprocity with your state: Yes_____No _____

If no, can you apply for a Florida License: Yes_____No _____

Available to begin a 12 Month Fellowship on: Day_____Month_____Year _____

Are you in good health Yes_____No_____(If no explain) _____

Applicant's Signature_____ **Date:** _____

Please include the following with your application:

1. Your Photograph.
2. Your complete *curriculum vitae* including any publications you have authored or co-authored
3. Three (3) Letters of recommendation. One must be from your Department Chairman.

These must be received prior to your interview.

Please submit to:

Ear Research Foundation
ATTN: Christina DeFrancisco, Director of Communications & Development
1901 Floyd Street
Sarasota, FL 34239

Or via email to cdefrancisco@EarRF.org