

# Spinal Cord Injury Medicine (SCIM) Fellowship Application

Congratulations on deciding to pursue specialized training in Spinal Cord Injury Medicine! This document is intended to guide you through the application process. This will serve as the primary application for all ACGME-Accredited SCIM fellowships. Applicants are expected to have completed an ACGME accredited residency, and be eligible to sit for board certification, prior to starting the SCIM fellowship. The application below, as well as all supporting documents, should be emailed to each SCI Fellowship program for which you wish to apply. There may be supplemental information requested by the program, but it should not duplicate the information you supply below, and could be requested after the Match.

Traditionally, in-person interviews occurred at the ASCIP conference. Due to the continued pandemic and resulting government/institutional limitations, this may not be possible this year. All programs will offer virtual interviews as an alternative. If a candidate would like to see an institution in-person, programs will try to arrange this, however these visits may also be limited due to the pandemic. Preferential treatment is not given to candidates who are seen in person versus virtually.

## National Resident Matching Program (NRMP)

All accredited SCIM fellowships participate in the NRMP. Much like in residency, the NRMP system allows you to rank the SCIM programs in order by preference, and a computer algorithm will match applicants to programs. An NRMP account number and registration in the SCIM Match is required in order to apply to an SCIM Fellowship.

SCIM Fellowship Application Important Dates	
August 7, 2024	Registration Opens on NRMP
August 15, 2024	Recommended submission of this application and supporting material*
Labor Day Week, 2024	Opportunity to meet with programs at ASCIP Annual Meeting
September 4, 2024	Rank List Opens on NRMP
July – September 23, 2024	Virtual interview or visit with programs, if possible and desired
October 9, 2024	Rank List Finalized on NRMP
October 23, 2024	Match Day

\*It is highly recommended to submit on or before this date to give adequate time for programs to review your application and arrange for an interview. Programs may accept applications on a case-by-case basis after this date.

## Application Checklist

Copy all supporting documents on the checklist below into an email, and send a separate email to each fellowship program for which you would like to apply. **(Do not send one email to every program)**. A list of programs and primary contact information can be found at: <http://www.academyscipro.org/sci-fellowship/>

<input type="checkbox"/>	SCIM Fellowship Application Form	<input type="checkbox"/>	Copy of Medical School Diploma
<input type="checkbox"/>	Personal Statement	<input type="checkbox"/>	Copy of Residency Diploma (if applicable)
<input type="checkbox"/>	Current CV (all time gaps should be accounted for)	<input type="checkbox"/>	ECFMG Certificate (if applicable)
<input type="checkbox"/>	USMLE/COMLEX Score Reports (All Steps/Levels)	<input type="checkbox"/>	Recent Photo (optional, but helpful)
<input type="checkbox"/>	Three Letters of Recommendation (Letters should be sent directly to program rather than in this packet, if requested by letter writer or fellowship program)		

# Spinal Cord Injury Medicine (SCIM) Fellowship Application Form

Name (Last, First, Middle): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Citizenship: \_\_\_\_\_

NPI #: \_\_\_\_\_ Medical License: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_  
(if applicable)

<b>International Grads:</b>	ECFMG Certificate #: _____ Certificate Date: _____
<b>If you are not a U.S. Citizen:</b>	Can you currently work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Visa Expiration Date: _____ Current Visa Type: _____ Expected Visa Type for Fellowship: _____

Education	Institution & City/State	Degree	Dates
Undergrad School:			
Graduate School:			
Medical School:			
Internship:			
Residency:			
Residency:			
Fellowship:			
Other:			

		Step 1	Step 2 CK	Step 2 CS	Step 3		Level 1	Level 2	Level 3
Score	<b>USMLE</b>					<b>COMLEX</b>			
Date									
Retook exam?		Y / N	Y / N	Y / N	Y / N		Y / N	Y / N	Y / N

Reference Name	Institution/Position	Phone	E-mail
1.			
2.			
3.			

The information contained in this application (and accompanying documents) is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_