

Amputee Rehabilitation Fellowship Application 2024-2025

Spaulding Rehabilitation Hospital

Congratulations on deciding to pursue specialized training in Amputee Rehabilitation! This document is intended to guide you through the application process. Applicants are expected to have completed an ACGME Physical Medicine & Rehabilitation accredited residency. The application below, as well as all supporting documents, should be emailed to Megan Gentile at mgentile6@mgb.org. There may be supplemental information requested by the program, but it should not duplicate the information you supply below, and could be requested at a later time. The Limb Loss Fellowship at Spaulding Rehabilitation Hospital is a non-ACGME accredited fellowship. We do not go through the NRMP Match.

Limb Loss Fellowship Application Important Dates	
Sept 1-October 1, 2024	Suggested submission window of this application & supporting material.*
Nov & Dec 2024	Virtual interview or visit with program, if possible and desired
January 11, 2025	Limb Loss Fellowship offer to go out
August 1, 2025	First Day of Fellowship

*It is highly recommended to submit on or before October 1st to give adequate time for the program to review your application and arrange for an interview. The program may accept applications on a case-by-case basis after this date.

Application Checklist

<input type="checkbox"/>	Limb Loss 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)		

Amputee Rehabilitation 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)

International Grads:	ECFMG Certificate #: _____ Certificate Date: _____
If you are not a U.S. Citizen:	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	USMLE					COMLEX			
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: _____