



Herbert Silverstein, MD, FACS, *President and Founder*
Seth Rosenberg, MD, FACS, *Vice President/Director of Education*
Jack Wazen, MD, FACS, *Vice President/Director of Research*

FELLOWSHIP APPLICATION

First Name: _____ Last Name: _____

Address: _____ Phone: (____) _____

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

Email address: _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____

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 a 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. Headshot
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.
4. At least one full text publication you authored or co-authored.

These must be received prior to your interview.

Please submit to:

Ear Research Foundation
ATTN: Christina DeFrancisco, Executive Director
1901 Floyd Street
Sarasota, FL 34239

Or via email to cdefrancisco@EarRF.org