|  |  |
| --- | --- |
|  | Neel Anand, MD444 S. San Vicente Blvd, Suite 901Los Angeles, CA 90048P: 310-423-9779F: 310-423-9773 |

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email | : |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Requested Start Date: |  | [ ]  February | [ ]  August | Year: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | City/State: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Degree: |  |
| Medical School: |  | City/State: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Degree: |  |
| Residency: |  | City/State: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Program Director: |  |
| Fellowship: |  | City/State: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Program Director: |  |

## Spine Experience

Please provide details of your experience in spine surgery thus far, including commonly performed procedures and surgeons under whom you have trained.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Minimally Invasive Fellowship

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please describe your interest in applying for the Comprehensive Minimally Invasive & Outpatient Spine Surgery Fellowship.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |  |  |  |
|  |  |  |  |
| Please list which minimally invasive or outpatient spine procedures you are most attracted to incorporating into your practice.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |  |

## Research

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please propose 2-3 topics of research in which you would like to participate in during this fellowship.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |  |  |  |

## Practice

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please list where you would like to practice upon completion of the fellowship. Please note, fellows are expected to pursue practice outside of the Los Angeles area.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

 |  |  |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |