**Interest in Training:**

**CURE Hydrocephalus & Spina Bifida Surgical Fellowship Program**

**General Info** (Or submit current CV in lieu of General Info)**:**

* **Surname: Full name:**
* **Date of birth: Email:**
* **Mobile phone: Country of Residence:**
* **City, and Country currently working:**
  + **If not country of residence please explain:**
* **Employing Institution(s):**
* **Position(s) held at Institution:**

**Medical Training:**

* List your Medical Degree(s):
* List your surgical training:
* List additional surgical training **specific to content** of this fellowship:

**Practicing Institutional Info:**

* Public Non-for-profit Private\_\_\_\_\_\_
* Neurosurgical Residency program attached to your institution?
* Are you the primary or only surgeon treating Hydrocephalus & Spina Bifida?

If no, List others and their surgical training (ex. Gen. Surgeon/Resident)

**Specific:**

* How many average per month of **new cases** @ institution:
  + Hydrocephalus surgeries
  + MMs surgeries
* Average per month **do you** perform? HS MM
* Do you perform HS cases at other facilities? If yes, please list & include avg./month
* List any experience treating Hydrocephalus endoscopically: Specify if rigid/flexible

**Personal Statement:**

* On a separate sheet of paper please write **a brief** personal statement about your interests in applying to this fellowship program.
* List any relevant research interests

***Please return completed document to Charles Howard at charles.howard@cure.org***