



**University of Iowa Health Care
Medical Center**

Department of Neurosurgery

200 Hawkins Dr.

Iowa City, Iowa 52242

Phone: 319-356-2237

Fax 319-353-6605

Web uihc.org

**UNIVERSITY OF IOWA NEUROSURGERY
POST-DOCTORAL CLINICAL TRAINEE PROGRAM**

Program Coordinator: Katherine Oberlander

Program Director: Kathleen Dlouhy, MD, MA, MBA

Associate Directors: Jeremy Greenlee, MD; Brian Dlouhy, MD; Rebecca Reynolds, MD

Interested applicants are invited to apply for a one- to two-year pre-residency training opportunity within the Department of Neurosurgery. This training provides the candidate the opportunity to participate fully in the clinical and teaching activities of the University of Iowa neurosurgery training program. Trainees are supervised by internationally recognized faculty members and receive extensive exposure to the full range of clinical neurosurgery. International applicants are welcome to apply. Many previous trainees have been successful in utilizing this training opportunity to subsequently secure U.S. accredited neurosurgery residency positions.

Application requirements:

In order for an applicant to be considered for a position, the following criteria must be fulfilled:

1. The application must be completed through our website.
2. If visa sponsorship is required, applicants must have passed the USMLE Steps I, II, and III.
3. Three letters of recommendation from within the past 18 months must be provided.

**Application Process Checklist:
information:**

1. Application form
2. Curriculum vitae
3. Personal Statement (500 words or less)
4. Three letters of reference
5. Copy of ECFMG certificate
6. Copy of USMLE score reports

Contact for additional

Katherine Oberlander, Coordinator
(319) 356-7643

katherine-oberlander@uiowa.edu

I. Personal Information

Name: _____

Today's Date _____

Current Address: _____

Daytime Telephone # _____

Phone: _____

Cell Phone # _____

Citizenship/Visa status _____

(Please attach a copy with application)

Email Address: _____

II. Business Address

Practice or Hospital: _____

Address: _____

Phone: _____

Fax: _____

III. Educational Background

Name, Location, Dates and Degrees:

Institution	Dates Attended	Degree
Undergraduate _____	_____	_____
Medical School _____	_____	_____
Internship _____	_____	_____
Residency _____	_____	_____
Other _____	_____	_____
Medical Licensure: State(s) _____		

Required Exams	Score	Percentile
USMLE I	_____	_____
USMLE II	_____	_____
USMLE III	_____	_____
ECFMG Certificate #	_____	

IV. Honors/Awards

V. Other Special Training or Skills

VI. Professional Interests

VII. Letters of Reference

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**APPLICATIONS ACCEPTED:
OCTOBER - FEBRUARY FOR JULY START**

Please send application materials by to:

Katherine Oberlander
Iowa Healthcare
Department of Neurosurgery
200 Hawkins Drive
Iowa City, IA 52242