

NYU Grossman School of Medicine  
Hansjörg Wyss Department of Plastic Surgery  
222 E. 41st Street, 22nd Floor, New York, N.Y. 10017  
Phone: (212)-263-5206  
Program Director: Dr. Pradip Shetye



## APPLICATION FOR FELLOWSHIP IN CRANIOFACIAL ORTHODONTICS

### Personal Information

Name: \_\_\_\_\_  
Date of birth: \_\_\_/\_\_\_/\_\_\_ Place of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Temporary Address: \_\_\_\_\_ Tele No: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Tele No: \_\_\_\_\_

### Education

Pre-dental Education: \_\_\_\_\_ Degree: \_\_\_\_\_ Dates: \_\_\_\_\_  
Dental Education: \_\_\_\_\_ Degree: \_\_\_\_\_ Dates: \_\_\_\_\_  
Residency/Post-Grad Education: \_\_\_\_\_ Degree: \_\_\_\_\_ Dates: \_\_\_\_\_  
Other: \_\_\_\_\_

### Other

License to Practice - State: \_\_\_\_\_ Dates: \_\_\_\_\_  
Spouses /Partner (optional): \_\_\_\_\_  
Chronic illnesses or health problems: Yes No Please explain: \_\_\_\_\_

### Requirements

Please include separately:

- An essay describing your ultimate professional goals and special interests (1-2 pages)
- Curriculum Vitae (CV) including headshot/photo
- 3 letters of recommendation to be sent to:  
*Dr. Pradip R. Shetye*  
*Hansjörg Wyss Department of Plastic Surgery*  
*222 East 41st Street, 22nd Floor, New York, N.Y. 10017*

\*E-mail application, essay and CV to the Program Coordinator at [Marina.Nakos-Athanasidou@nyulangone.org](mailto:Marina.Nakos-Athanasidou@nyulangone.org)

### Deadline

The fellowship commences at the beginning of July 1<sup>st</sup>

The deadline for your application is no later than **September 1st** of the **year prior** to your potential start date.