

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

Deadline

The fellowship commences at the beginning of July 1st

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