

## APPLICATION FOR EEG COURSE

Full Name: \_\_\_\_\_ Highest Degree: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Security Security # (if available): \_\_\_\_\_

Which session of the EEG Course will you attend?  February or  July

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### DEMOGRAPHICS

**Present Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### Other:

Citizen of: \_\_\_\_\_

Green Card # (if applicable): \_\_\_\_\_ J-1 Visa # (if applicable): \_\_\_\_\_

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### U.S. Licensing Exams passed (attach copy of scores for each exam if applicable):

ECFMG English: \_\_\_\_\_ TOEFL: \_\_\_\_\_ Clinical Skills Assessment: \_\_\_\_\_

USMLE 1 \_\_\_\_\_ USMLE 2 \_\_\_\_\_ USMLE 3 \_\_\_\_\_

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### Medical License/International Medical Graduates: (attach copies of each document)

ECFMG Certificate No. \_\_\_\_\_ Type of Visa: \_\_\_\_\_ Hold:  Needed:

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**MEDICAL or POSTGRADUATE EDUCATION and TRAINING**

Institution: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

**Type of Post Graduate Education:**

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**Special Training in Academics or Hospital setting (not already):**

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**Publications & Grants (if any):**

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SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**Return to:**

**Andrew Coulter**  
**Texas Comprehensive Epilepsy Program**  
**The University of Texas Health Science Center at Houston**  
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