

# **Amputee Rehabilitation Fellowship Application 2025-2026**

## **Spaulding Rehabilitation Hospital**

Congratulations on deciding to pursue specialized training in Amputee Rehabilitation! This document is intended to guide you through the application process. Applicants must have completed or be in the process of completing an ACGME accredited Physical Medicine & Rehabilitation residency. International medical graduates must have completed the equivalent training and have an ECFMG certificate. The application below, as well as all supporting documents, should be emailed to Megan Gentile at [mgentile6@mgb.org](mailto:mgentile6@mgb.org). There may be supplemental information requested by the program, but it should not duplicate the information you supply below, and could be requested at a later time. The Limb Loss Fellowship at Spaulding Rehabilitation Hospital is a non-ACGME accredited fellowship. We do not go through the NRMP Match.

<b>Limb Loss Fellowship Application Important Dates</b>	
Sept 2 -October 1, 2025	Suggested submission window of this application & supporting material.*
Nov & Dec 2025	Virtual interview
January 11, 2026	Limb Loss Fellowship offer to go out
August 1, 2026	First Day of Fellowship

\*It is highly recommended to submit on or before October 1st to give adequate time for the program to review your application and arrange for an interview. The program may accept applications on a case-by-case basis after this date.

### **Application Checklist**

<input type="checkbox"/>	<b>Limb Loss Fellowship Application Form</b>	<input type="checkbox"/>	<b>Copy of Medical School Diploma</b>
<input type="checkbox"/>	<b>Personal Statement</b>	<input type="checkbox"/>	<b>Copy of Residency Diploma</b> (if applicable)
<input type="checkbox"/>	<b>Current CV</b> (all time gaps should be accounted for)	<input type="checkbox"/>	<b>ECFMG Certificate</b> (if applicable)
<input type="checkbox"/>	<b>USMLE/COMLEX Score Reports</b> (All Steps/Levels)	<input type="checkbox"/>	<b>Recent Photo</b> (optional, but helpful)
<input type="checkbox"/>	<b>Three Letters of Recommendation</b> (Letters should be sent directly to program rather than in this packet, if requested by letter writer or fellowship program)		

# Amputee Rehabilitation Fellowship Application Form

Name (Last, First, Middle): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Citizenship: \_\_\_\_\_

NPI #: \_\_\_\_\_ Medical License: (if applicable) State: \_\_\_\_\_ License # \_\_\_\_\_

<b>International Grads:</b>	ECFMG Certificate #: _____	Certificate Date: _____
<b>If you are not a U.S. Citizen:</b>	Can you currently work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Visa Expiration Date: _____
	Current Visa Type: _____	Expected Visa Type for Fellowship: _____

Education	Institution & City/State	Degree	Dates
Undergrad School:			
Graduate School:			
Medical School:			
Internship:			
Residency:			
Residency:			
Fellowship:			
Other:			

		Step 1	Step 2 CK	Step 2 CS	Step 3		Level 1	Level 2	Level 3
Score									
Date									
Retook exam?		Y / N	Y / N	Y / N	Y / N		Y / N	Y / N	Y / N

Reference Name	Institution/Position	Phone	E-mail
1.			
2.			
3.			

The information contained in this application (and accompanying documents) is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_