Spinal Cord Injury Medicine (SCIM) Fellowship Application 2026-2027

Congratulations on deciding to pursue specialized training in Spinal Cord Injury Medicine! This document is intended to guide you through the application process. This will serve as the primary application for all ACGME-Accredited SCIM fellowships. Applicants are expected to have completed an ACGME accredited residency, and be eligible to sit for board certification, prior to starting the SCIM fellowship. The application below, as well as all supporting documents, should be emailed to each SCI Fellowship program for which you wish to apply. There may be supplemental information requested by the program, but it should not duplicate the information you supply below, and could be requested after the Match.

National Resident Matching Program (NRMP)

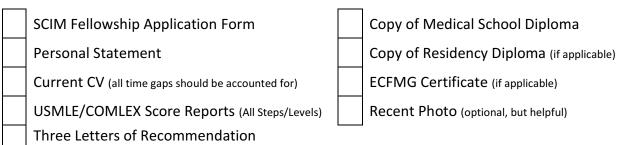
All accredited SCIM fellowships participate in the NRMP. Much like in residency, the NRMP system allows you to rank the SCIM programs in order by preference, and a computer algorithm will match applicants to programs. An NRMP account number and registration in the SCIM Match is required in order to apply to an SCIM Fellowship.

SCIM Fellowship Application Important Dates				
April 1 st – Aug 15 th , 2025	Suggested submission window of this application & supporting material.*			
August 6 th , 2025	Registration Opens on NRMP			
Labor Day Week, 2025	Opportunity to meet program faculty at ASCIP Annual Meeting			
September 3 rd , 2025	Rank List Opens on NRMP			
April – October 7 th , 2025	Interview Window			
October 8 th , 2025	Rank List Finalized on NRMP			
October 22 nd , 2025	Match Day			

*It is highly recommended to submit on or before Aug 15th to give adequate time for programs to review your application and arrange for an interview. Programs may accept applications on a case-by-case basis after this date.

Application Checklist

Copy all supporting documents on the checklist below into an email, and send a separate email to each fellowship program for which you would like to apply. **(Do not send one email to every program).** A list of programs and primary contact information can be found at: <u>http://www.academyscipro.org/sci-fellowship/</u>



(Letters should be sent directly to program rather than in this packet, if requested by letter writer or fellowship program)

Spinal Cord Injury Medicine (SCIM) Fellowship Application Form

Name (Last, Firs	, Middle):		Date	of Birth:	
Permanen	t Address:			Preferred Pronouns:	
Mailing Address (if different):				
E-mail Address:		Phone #:		Citizenship:	
NPI #:		Medical License: (if applicable)	State:	License #	
International Grads:	ECFMG Certificate #:		Certificate Date	:	
If you are not a U.S. Citizen:	Can you currently work in the U. Current Visa Type:		lo Current ed Visa Type for Fellow	Visa Expiration Date:ship:	_
Education	Institution & C	ity/State	Degree	Dates	
Undergrad School:					
Graduate School:					
Medical School:					
Internship:					
Residency:					
Residency:					
Fellowship:					
Other:					
Score Hy Control Contr	Step 1 Step 2 Pass?	Step 3 Y / N	COMIEX COMIEX		
Reference Name	Institution	n/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: _____