

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: <http://www.academyscipro.org/sci-fellowship/>

| | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | SCIM Fellowship Application Form | <input type="checkbox"/> | Copy of Medical School Diploma |
| <input type="checkbox"/> | Personal Statement | <input type="checkbox"/> | Copy of Residency Diploma (if applicable) |
| <input type="checkbox"/> | Current CV (all time gaps should be accounted for) | <input type="checkbox"/> | ECFMG Certificate (if applicable) |
| <input type="checkbox"/> | USMLE/COMLEX Score Reports (All Steps/Levels) | <input type="checkbox"/> | Recent Photo (optional, but helpful) |
| <input type="checkbox"/> | Three Letters of Recommendation (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, First, Middle): _____ Date of Birth: _____

Permanent Address: _____ Preferred Pronouns: _____

Mailing Address (if different): _____

E-mail Address: _____ Phone #: _____ Citizenship: _____

NPI #: _____ Medical License: _____ State: _____ License # _____
(if applicable)

| | | |
|---------------------------------------|--|--|
| International Grads: | ECFMG Certificate #: _____ | Certificate Date: _____ |
| If you are not a U.S. Citizen: | 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 | Step 3 |
|---------------------------|---|---|---|
| Score | <input type="checkbox"/> Pass? | | |
| Date | | | |
| Multiple Attempts? | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N |

| | Level 1 | Level 2 | Level 3 |
|---------------|---|---|---|
| COMLEX | | | |
| | | | |
| | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> N | <input type="checkbox"/> Y / <input type="checkbox"/> 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: _____