

**Visiting Scholar Application  
for  
Department of Physical Medicine Rehabilitation  
University of North Carolina at Chapel Hill**

**NAME:**

Address:

Telephone number:

Email:

Country of residence:

**TYPE OF EXPERIENCE REQUESTED:**

Clinical experience

Research experience

Duration of experience requested: From: \_\_\_\_\_ To: \_\_\_\_\_

Faculty to work with, if you have identified someone: \_\_\_\_\_

**CURRENT POSITION:**

Title:

Institution:

Address of Institution:

Clinical and/or Research Responsibilities:

**BACKGROUND (MAY ATTACH CV)**

Education: Undergraduate Education:

Institution

Address

Major/Minor

Medical training:

Institution

Address

Major/Minor

Areas of interest:

Other educational programs attended:

**Relevant clinical experiences:**

**Research experiences:**

**Publications (if any):**

**ENGLISH PROFICIENCY (Please check as appropriate):**

Reading: Not at all\_\_ Beginner\_\_ Conversational\_\_ Fluent\_\_

Writing: Not at all\_\_ Beginner\_\_ Conversational\_\_ Fluent\_\_

Speaking: Not at all\_\_ Beginner\_\_ Conversational\_\_ Fluent\_\_

**FINANCIAL SPONSOR:** \_\_\_\_\_

**ESSAY:**

Write one page essay addressing the following information:

1. Why are you interested in a research, clinical, and/or educational experience in the Department of Physical Medicine and Rehabilitation at UNC-Chapel Hill?
2. What are your areas of interest?
3. What do you expect to accomplish during the experience?
4. What types of activities would you like to be involved while at UNC PM&R?
5. What are your expectations from the department?
6. What are your expected outcomes of this experience?

**Application and copy of curriculum vitae should be sent by email to:**

Visiting Scholar Coordinator - stomaro@med.unc.edu  
Dept. of Physical Medicine & Rehabilitation  
The University of North Carolina at Chapel Hill  
Campus Box 7200  
N1181 Memorial Hospital  
Chapel Hill, NC 27599-7200, USA

Please refer to the attached Visiting Scholar Policy for further procedural information and related administrative processing fees.

I have read the Visiting Scholar Policy and Procedure for the UNC-CH Department of Physical Medicine and Rehabilitation. I understand the content and commit to the terms of the policy.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Visiting Scholar Applicant