

Spinal Cord Injury Medicine (SCIM) Fellowship Application 2027-2028

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 1st – Aug 15th, 2026	Suggested submission window of this application & supporting material.*
August 5 th , 2026	Registration Opens on NRMP
Labor Day Week, 2026	Opportunity to meet program faculty at ASCIP Annual Meeting
September 2 nd , 2026	Rank List Opens on NRMP
April – October 6 th , 2026	Interview Window
October 7 th , 2026	Rank List Finalized on NRMP
October 21 st , 2026	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/>

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|--|--|
| <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
(Accounting for any gaps in time) | <input type="checkbox"/> ECFMG Certificate (if applicable) |
| <input type="checkbox"/> Three Letters of Recommendation
(Letters should be sent directly to program) | <input type="checkbox"/> USMLE/COMLEX Score Reports (All Steps/Levels) |

Spinal Cord Injury Medicine (SCIM) Fellowship Application Form 2027-2028

Name (Last, First, Middle) _____

Permanent Address _____

Mailing Address _____

E-mail Address _____ Phone _____

NPI # _____ Medical License: _____

State and # (if applicable)

International Grads	ECFMG Certificate #:	Certificate Date:
If you are not a U.S. Citizen or Permanent Resident	Can you currently work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Current Visa Type and Expiration Date:	
	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	USMLE	Pass? <input type="checkbox"/>		
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: _____