



### Maine LEND Mini-Fellowship Application

Please provide the following information and send via email to both email addresses below.

Name \_\_\_\_\_ Best contact information \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Medical Degree (name of degree, from where and when):  
\_\_\_\_\_

Medical Specialization: \_\_\_\_\_

**Answers below should be well articulated in a succinct paragraph. Add lines as needed. Quality of writing is important. Please limit your entire application to two pages.**

Please describe your previous experiences with individuals with neurodevelopmental disabilities.

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve personally and professionally from this LEND mini-fellowship, and what specific clinical or other goals would you like to achieve?

\_\_\_\_\_  
\_\_\_\_\_

How do you feel the fellowship will complement or extend your current practice (including opportunities to be a liaison or leader for children with NDD in your practice group)?

\_\_\_\_\_  
\_\_\_\_\_

Do you currently reside in the State of Maine? Do you intend to live and work in the State of Maine?

\_\_\_\_\_

What days and times of the week do you have available for this training? \_\_\_\_\_

Submit completed application to: Dr Carol Hubbard at [hubbac@mmc.org](mailto:hubbac@mmc.org) or fax 207-774-1814