Fellow of Neurocritical Care Society (FNCS) Personal Statement

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FNCS applicant must provide evidence that they participate in a multidisciplinary team dedicated to the care and management of acutely ill neurological patients. Their participation must include daily rounding with a multidisciplinary team and the assumption of a leadership role (director of the unit, fellowship director, pharmacy director, etc.). Documentation of personal improvements to a previous or development of a de-novo team of activities is required. Applicants must have dedicated at least 50% of their time to neurocritical care for the last two years. Contributions to the field of neurocritical care must meet all 4 areas.

**Program Development**

**Scholarly activities related to neurological critical care**

**Leadership in the field of neurocritical care**

**Professionalism and Collaboration**

*Please return completed personal statements along with all other required information to* [*info@neurocriticalcare.org*](mailto:info@neurocriticalcare.org)*.*