

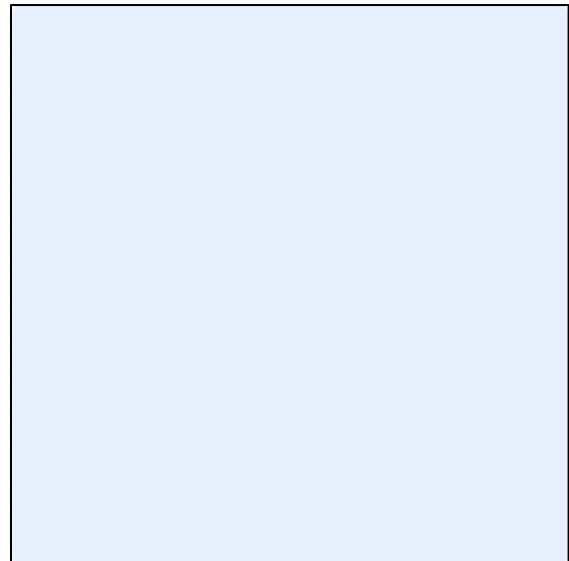
**ACADEMIC GENERAL PEDIATRICS AND/OR
PRIMARY CARE FELLOWSHIP PROGRAMS
COMMON APPLICATION
ACADEMIC YEAR 2019-2020**

- ❖ Stanford University
- ❖ UCSF Fresno
- ❖ UC Davis
- ❖ Children's National Health System
- ❖ Nemours
- ❖ Boston Children's Hospital (Harvard-wide Pediatric Health Services Research)
- ❖ Johns Hopkins School of Medicine (no slots)
- ❖ University of Minnesota
- ❖ University of Rochester Medical Center
- ❖ SUNY Academic General Pediatric Fellowship at Stony Brook
- ❖ Nationwide Children's Hospital, The Ohio State University College of Medicine
- ❖ Cincinnati Children's Hospital, General Pediatric Research Fellowship
- ❖ University of Oklahoma Health Sciences Center (OUHSC)
- ❖ The Children's Hospital of Philadelphia
- ❖ University of Pittsburgh/Children's Hospital of Pittsburgh
- ❖ The Medical University of South Carolina
- ❖ Vanderbilt University Medical Center
- ❖ Baylor College of Medicine/Texas Children's Hospital
- ❖ University of Texas Health Science Center-San Antonio

Profile

First Name:
Middle Name:
Last Name:
Suffix:
Previous Last Name:
Contact Email:
Phone:

Please attach a recent photo:



Mailing Address

Street Address:
City:
State/Province:
Zip/Postal Code:

Citizenship

- US Citizen US Resident Other (please see next section)

If you are a foreign national outside the US, or currently in the US in valid visa status, please respond:

Will you need a “visa sponsorship” through the teaching hospital (J1, H1B, etc.) to participate in U.S. fellowship training? Yes No

If yes to above:

- Please specify type of Visa:

- Did you train at a foreign medical school? Yes No

- Is your medical school listed on the approved list for state licenses to which you will be applying?
Yes No Unsure*

*If you are unsure, please contact the programs to which you are applying. Obtaining state license for the state in which you will be training is mandatory to begin fellowship.

Programs that accept Visa applicants:



USMLE/COMILEX/ECFMG/TOEFL Scores

USMLE:	COMLEX:
Step 1:	Level 1:
Step 2 CK:	Level 2 CE:
Step 2 CS:	Level 2 PE:
Step 3:	Level 3:
ECFMG:	TOEFL:
Score:	Score:

Licensure Information

Has your medical license ever been suspended / revoked/ voluntarily terminated?

Yes No

If yes, please enter date:

If yes, please comment:

Have you ever been named in a malpractice case?

Yes No No If yes, please comment:

Is there anything in your past history that would limit your ability to be licensed or would limit your ability to receive hospital privileges?

Yes No No If yes, please comment:

Have you ever been convicted of a misdemeanor?

Yes No If yes, please comment:

Have you ever been convicted of a felony?

Yes No If yes, please comment:

Board Certification

Are you Board Certified?

Yes No

If no, will you be Board Eligible by the beginning of the fellowship? Yes No

Board Name:

Are you Board Certified/eligible for more than one Board?

Yes No

If no, will you be Board Eligible by the beginning of the fellowship? Yes No

Board Name:

Medical Licenses

This section allows entries for each of your state medical licenses.

None

Entry 1

State:

License Type:

License Number:

Expiration Month/Year:

Entry 2

State:

License Type:

License Number:

Expiration Month/Year:

DEA Number (Note: DEA is for US Medical License holders only)

DEA Registration Number:

Expiration Month/Year:

Miscellaneous

Are you able to carry out the responsibilities of a fellow in Academic General Pediatrics and/or Primary Care and at the specific training program to which you are applying, including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations?

Yes No No Response If no, please comment:

Was your medical education / training extended or interrupted?

Yes No

If yes, please comment:

Letters of Recommendation

Please provide three letters of recommendation. If within 5 years of residency training, one of these letters must be from your residency program director. Your letter writers can send their letters directly by e-mail to the Program Director at the address listed below in the Appendix.

Reference 1

Name & Contact Information:

Reference 2

Name & Contact Information:

Reference 3

Name & Contact Information:

Personal Statement

Please attach one page personal statement explaining why you want to do a fellowship in Academic General Pediatrics and/or Primary Care. Please include a description of your career goals, how the fellowship may assist you in achieving them and how you envision your career five years after completion of this fellowship.

Attestation

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position; or if employed, may constitute cause for termination from the program. I also understand and agree that the data included in this application may be shared within the fellowship programs to which I am applying.

Agree

Checklist for Submission

- This completed application form (including personal statement) emailed directly to the Fellowship Program Director at the email address listed in appendix 1
- An updated CV emailed directly to the Fellowship Program Director at the email address listed in the appendix below.
- Three Letters of Recommendation to be sent directly by letter writer to the Program Director. If a current resident, one letter must be from your current Program Director.

Appendix 1:

Institution	Contact Name	Contact Email	Phone
Stanford University	Charlene Larson Rotandi	Charlene.rotandi@stanford.edu	650-725-8314
UCSF Fresno	John Takayama	john.takayama@ucsf.edu	415-885-7478
UC Davis	Patrick Romano	psromano@ucdavis.edu	916-734-2737
Children's National Health System	Cara Lichtenstein	clichten@childrensnational.org	202-476-6900
Nemours	Julia Roland	julia.roland@nemours.org	302-651-4555
Boston Children's Hospital (Harvard-wide Pediatric Health Services Research)	Corinna Rea	corinna.rea@childrens.harvard.edu	617-355-4188
Johns Hopkins School of Medicine	Sara Johnson	sjohnson@jhu.edu	410-614-8437
University of Minnesota	Iris Borowsky	borow004@umn.edu	612-626-2398
University of Rochester Medical Center	Cynthia Rand	cynthia_rand@urmc.rochester.edu	585-275-9316
SUNY Academic General Pediatric Fellowship at Stony Brook	Susmita Pati	susmita.pati@stonybrook.edu	631-444-3094
Nationwide Children's Hospital, The Ohio State University College of Medicine	Judith Groner	judith.groner@nationwidechildrens.org	614-722-4957
Cincinnati Children's Hospital, General Pediatric Research Fellowship	Kristen Copeland	kristen.copeland@cchmc.org	513-636-1687
University of Oklahoma Health Sciences Center (OUHSC)	Paul Darden	paul-darden@ouhsc.edu	405-271-4407
The Children's Hospital of Philadelphia	Chris Feudtner	feudtner@email.chop.edu	267-426-5032
University of Pittsburgh/Children's Hospital of Pittsburgh	Deb Bogen	bogendl@upmc.edu	412-692-6932
The Medical University of South Carolina	Bill Basco	bascob@musc.edu	843-876-8512
Vanderbilt University Medical Center	William Heerman	bill.heerman@Vanderbilt.Edu	615-343-6249
Baylor College of Medicine/Texas Children's Hospital	Teri Turner	tturner@bcm.edu	832-822-3441
University of Texas Health Science Center-San Antonio	Joyee Vachani	jgvachan@texaschildrens.org	832-824-5447