

**General Academic Pediatrics, Internal Medicine and Medicine-Pediatrics
Application for Fellowship**

Name _____

Address (Home) _____

Telephone No. _____ E-mail address _____

(Professional) _____

_____ Telephone No.

Place of Birth _____

College _____ Degree _____ Month/Year _____

Medical School _____ Degree _____ Month/Year _____

Other Professional _____ Degree _____ Month/Year _____
Training

Internship or 1st Year Residency (Hospital & Location) _____

Type of Service _____ Date Completed (Month/Year) _____ # of Months _____

Residency or Fellowship:

1. Institution & Location

AMA-approved? _____ Date Completed (Month/Year) _____ Duration in Months _____

2. Institution & Location

AMA-approved? _____ Date Completed (Month/Year) _____ Duration in Months _____

3. Institution & Location

AMA-approved? _____ Date Completed (Month/Year) _____ Duration in Months _____

Other post-graduate work, practice experience, relevant summer employment, etc.:

—

—

Any professional publications (list individually on separate sheet): Yes _____ No _____

Honors or Awards with dates

ECFMG Certificate Number (if any) _____ Type _____ Date _____

Type of Visa (If Foreign National) _____

State License _____ Year _____

Names, addresses and phone numbers of three physicians or other professionals familiar with your work who will provide references. Please have letters submitted under separate cover.

Name

Address

_____ Telephone No. _____

Name

Address

_____ Telephone No. _____

Name

Address

_____ Telephone No. _____

Date of this application _____ Date Fellowship desired _____

Please check which Fellowship Discipline :

- Pediatrics
- Internal Medicine
- Medicine-Pediatrics

Signature _____

Please return this application form along with a brief personal statement describing the goals you wish to achieve during the fellowship and the features you desire most in a fellowship program.

Send to: HRSA Secretary

General Academic Pediatrics
Children's Hospital of Pittsburgh
Suite G205DW
3705 Fifth Avenue
Pittsburgh, PA 15213

Or e-mail to duprec@chp.edu