

**ACADEMIC GENERAL PEDIATRICS FELLOWSHIP PROGRAMS
COMMON APPLICATION**

For the 2018 Fall Pediatric Subspecialty NRMP Match
Fellows start date of July 1, 2019

ALL FELLOWSHIP APPLICANTS INTERESTED IN APPLYING FOR THE PROGRAMS LISTED BELOW MUST REGISTER FOR THE PEDIATRIC FALL SPECIALTIES NRMP MATCH AT <https://r3.nrmp.org/viewLoginPage>.

- Baylor College of Medicine/Texas Children's Hospital, Academic General Pediatrics Fellowship *
Houston, TX
- Boston University Medical Center Primary Care Academic Fellowship, *Boston, MA*
- Children's Hospital at Montefiore Academic General Pediatric Fellowship, *Bronx, NY*
- Children's National Health System, *Washington, DC*
- Cincinnati Children's Hospital, General Pediatric Research Fellowship,* *Cincinnati, OH*
- General Academic Pediatric Fellowship at Boston Children's,* *Boston, MA*
- Johns Hopkins School of Medicine,* *Baltimore, MD* (not accepting applications for 2019-2020 cycle)
- Nationwide Children's Hospital, The Ohio State University College of Medicine, *Columbus, OH*
- Nemours/Alfred I. duPont Hospital for Children (Two tracks),* *Wilmington, Delaware*
 - Academic General Pediatrics Fellowship
 - Pediatric Obesity Fellowship
- New York University School of Medicine/Bellevue Hospital Center,* *New York City*
- Stanford University, *Palo Alto, California*
- SUNY Academic General Pediatric Fellowship at Stony Brook,* *Stony Brook, NY*
- The Children's Hospital of Philadelphia,* *Philadelphia, PA*
- The Medical University of South Carolina, *Charleston, SC*
- UC Davis Children's Hospital, *Sacramento, CA*
- UCSF Benioff Children's Hospital, San Francisco, *CA*
- University of Minnesota,* *Minneapolis & Saint Paul, MN*
- University of Oklahoma Health Sciences Center, *Oklahoma City, OK*
- University of Rochester Medical Center,* *Rochester, NY*
- University of Texas Health Science Center-San Antonio, *San Antonio, TX*
- Vanderbilt University Medical Center, *Nashville, TN*

*Academic Pediatric Association Accredited Fellowship Training Programs

Profile

First Name:	
Middle Name:	
Last Name:	
Suffix:	
Previous Last Name:	
Contact Email:	
Date of Birth:	
Place of Birth:	
Phone:	
Headshot URL:	
Emergency Contact (Name and Number):	

Mailing Address

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

Citizenship

- US Citizen
- US Resident
- Other (Please list):

If you are a foreign national outside the US, or currently in the US in valid visa status, please note the programs that accept Visa applicants and respond to the questions below. If not a foreign national, skip to the Education section.

Programs that accept Visa applicants:

- Children’s Hospital at Montefiore Academic General Pediatric Fellowship, *Bronx, NY*
- Nemours/Alfred I. duPont Hospital for Children Academic General Pediatrics Fellowship and Pediatric Obesity Fellowship,* *Wilmington, Delaware*
- Stanford University, *Palo Alto, California*
- University of Oklahoma Health Sciences Center, *Oklahoma City, OK*

Will you need a “visa sponsorship” through the teaching hospital (J1, H1B, etc.) to participate in US 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 being fellowship.*

ECFMG/TOEFL Scores

Please provide documentation for your ECFMG and/or TOEFL scores.

Education Information

College/University:		From:		To:	
City, State:		Degree:			
Medical School:		From:		To:	
City, State:		Degree:			
Internship:		From:		To:	
City, State:		Degree:			
Residency:		From:		To:	
City, State:		Degree:			
Other Training:		From:		To:	
City, State:		Degree:			

1. Was your medical education/training extended or interrupted?

Yes No

If yes, please note the date and comment:

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Training Program Actions:	Yes**	No
During your internship(s), residency(s), or fellowship(s) were you ever suspended, disciplined, placed under probation, formally reprimanded, or asked to resign in order to avoid disciplinary action?		
Have you ever voluntarily or involuntarily left a training program prior to its completion?		
Have you ever, while under investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship or other clinical education program.?		
Any YES** please provide explanation below:		

Military Service:	Yes	No
Have you ever served in the military?		
If Yes: Please list the name/address last assignment		
Date entered military?		
Date of discharge?		

Licensure Information

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

Have you passed the USMLE Step 3 Yes No

No current medical license (if you have no current medical license, skip to questions on “Board Certification.”)

Entry 1			
State:		License Number:	
License Type:		Expiration Month/Year:	
Entry 2			
State:		License Number:	
License Type:		Expiration Month/Year:	
DEA Number (<i>DEA is for US Medical License holders only.</i>)			
DEA Registration Number		Expiration Month/Year:	

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

Yes No

If yes, please note the date and comment:

2. Have you ever been named in a malpractice case?

Yes No

If yes, please note the date and comment:

3. Is there anything in your past history that would limit your ability to be licenses or would limit your ability to receive hospital privileges? Yes No

If yes, please note the date and 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:

Miscellaneous

Are you able to carry out the responsibilities of a fellow in Academic General Pediatrics 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

If no, please comment:

Awards and Society Memberships

List membership in Honorary Professional Societies, prizes, awards, etc. Please include AOA or Gold Humanism membership.

Academic Pursuits

For the following questions, please include a brief synopsis of activities in which you participated over the past 3 years.

Volunteer/Advocacy/Global Health Experiences

Teaching Activities

Leadership Activities

Research Activities

Scholarly Interests

Language Fluency (other than English):

Hobbies and Interests

Other Accomplishments:

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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 or his or her designee. Your letter writers can send their letters directly by e-mail to the Program Director at the address listed below in the Appendix. Please fill out the Confidential Reference Report for each of your recommenders and submit a Confidential Reference Report along with each letter of recommendation.

MAKE SURE AND SEND THE CONFIDENTIAL REFERENCE REPORT TO EACH OF YOUR LETTER WRITERS AS THIS DOCUMENT NEEDS TO ACCOMPANY THE LETTER OF RECOMMENDATION.

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, your scholarly/research interests, and how you envision your career five years after completion of this fellowship. You may want to explain how past experiences influenced your decision to apply and mention special areas of interest. (*Make sure your name appears on the attachment*).

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.

I agree with the attestation.

Date: _____

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.
- Contact EACH program individually that you will be applying to in order to determine if there are any other program specific documents, other than those listed above, which need to be completed and sent to the individual program.
- Are you registered with the National Residency Match Program at <https://r3.nrmp.org/viewLoginPage>

Supplemental Biographical Information

The information requested is for statistical purposes only and will not be used during consideration of the application.

1. Date of Birth

2. Place of Birth

3. Gender

Male

Female

4. Ethnicity/Race:
(Self-Identification)

A. Ethnicity:

Of Hispanic or Latino Origin (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race).

Not of Hispanic or Latino origin

B. Race:

Black or African American: A person having origins in any of the original groups of Africa.

Asian or Asian American: Includes persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent (e.g., Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).

American Indian or Alaskan native: Includes persons having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: Includes persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

5. Disadvantaged Background. An individual from a disadvantaged background is defined as someone who:
Comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession. **OR** Comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services for use in health professions and nursing programs.

YES

NO

Appendix 1:

Institution	Contact Name	Contact Email	Phone
Baylor College of Medicine/Texas Children's Hospital	Julieana Nichols	nichols@bcm.edu	832-822-3441
Boston University Medical Center Primary Care Academic Fellowship	Caroline Kistin Linda Neville	Caroline.Kistin@bmc.org Linda.Neville@bmc.org	617-414-6963
Children's Hospital at Montefiore	Suzette Oyeku Sylvia Lim Tiffany Rosa	soyeku@montefiore.org slim@montefiore.org tgarcia@montefiore.org	718-484-5135 718-920-5974 718-920-5974
Children's National Health System	Cara Lichtenstein	clichten@childrensnational.org	202-476-6900
Cincinnati Children's Hospital, General Pediatric Research Fellowship	Kristen Copeland	kristen.copeland@cchmc.org	513-636-1687
General Academic Pediatric Fellowship at Boston Children's	Corinna Rea	corinna.rea@childrens.harvard.edu	617-355-4188
Johns Hopkins School of Medicine (not accepting applications for academic year 2019-2020)	Sara Johnson	sjohnson@jhu.edu	410-614-8437
Nationwide Children's Hospital, The Ohio State University College of Medicine	Judith Groner	judith.groner@nationwidechildrens.org	614-722-4957
Nemours/Alfred I. DuPont Hospital Pediatric Obesity Fellowship	Julia Roland	julia.roland@nemours.org	302-651-4555
Nemours/Alfred I. duPont Hospital for Children Academic General Pediatrics Fellowship	Matthew DiGuglielmo	Matthew.DiGuglielmo@nemours.org	302 651-5928
New York University School of Medicine/ Bellevue Hospital Center	Arthur Fierman	ahf1@nyumc.org	212-562-6341
Stanford University	Alexandra Fletcher	ajfletch@stanford.edu	650-497-9156
SUNY Academic General Pediatric Fellowship at Stony Brook	Susmita Pati	susmita.pati@stonybrook.edu	631-444-3094
The Children's Hospital of Philadelphia	Chris Feudtner	feudtner@email.chop.edu	267-426-5032

Institution	Contact Name	Contact Email	Phone
The Medical University of South Carolina	Bill Basco	bascob@musc.edu	843-876-8512
UC Davis Children's Hospital	Patrick Romano	psromano@ucdavis.edu	916-734-2737
UCSF Benioff Children's Hospital	John Takayama	john.takayama@ucsf.edu	415-885-7478
University of Minnesota	Iris Borowsky	borow004@umn.edu	612-626-2398
University of Oklahoma Health Sciences Center (OUHSC)	Paul Darden	paul-darden@ouhsc.edu	405-271-4407
University of Rochester Medical Center	Cynthia Rand	cynthia_rand@urmc.rochester.edu	585-275-9316
University of Texas Health Science Center-San Antonio	Elizabeth Hanson	hansone3@uthscsa.edu	210-562-5324
Vanderbilt University Medical Center	William Heerman	bill.heerman@Vanderbilt.Edu	615-343-6249