## Common Application for Clinical Fellowship

**PROGRAM:** Pediatric & Adolescent Gynecology

All PAG fellowship programs will accept this common application. Please save a copy for your use.

GENERAL INFORMA	TION		NRM	P#	
Name:	First	Middle (comple	ete)	Maiden (if	applicable)
Present Address:			( )		
		Telephone:	( )		Alternate
E-mail address:		Pager Num	ber		
Canadian Citizen [Are you eligible or authorized	□CDN Permanent Resident ed to work in the US? □ Yes □	JS Citizen ☐ US Pern ☐ Other Nationali No Social Security			
Military Service	Canada? ☐ Yes ☐ No d Forces? Yes ☐ No ☐ Brancl	າ			
Dates of Duty: From	То	Rank/Grade			
Have you been or are you of Have you been or are you	Type:  Currently the subject of disciplinary procurrently the subject of disciplinary procurrently the subject of disciplinary procer, please explain on an additional she	ceedings by any state lic ceedings by any hospita	ensure agency?	Yes [	
	AND/OR CERTIFICATION	oct and attaon to time app	modiforn.		
Are you US board certified?  If you are not yet certified, a	? ☐ Yes ☐ No ABOG Certifiare you board eligible? ☐ Yes ☐ s and Surgeons of Canada(FRCSC) C	No If yes, when eligib	le?		
	applicable and Country:				
Dates Attended:	Major:		Degree:		
Medical School:					
City/State/Province if a	applicable and Country:				
Dates Attended:	Degree:		Graduation [	Date:	
E.C.F.M.G. (if foreign t	rained outside of US): Number: Note: You must provide a copy of you	Issue	Date:		
	trained outside of Canada): Passing so			be provided	
<b>CURRENT &amp; PRIOR</b>	TRAINING				
Internship Institution:		Dates:			
Address/City/State or					
Area of Training/Spec	ialty:		_Completed Prog	ram? Yes 🗌	No□
Residency					
	Province/Country:	·			
Area of Training/Spec	ialty:				No□
Fellowship		Datas			
	Province/Country:				
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PROGRAM: Pediatric & Adolesc Area of Training/Specialty:	cent Gynecology	Page 2 of 2 Completed Program? Yes ☐ No ☐
EVDEDIENCE		
EXPERIENCE	I Deskies	I Deter
Organization & Location	Position	Dates
Other Special Training, Skills, or Res	earch Experience:	
Other opeolar Training, Othio, or Nes	сагоп Ехропопос.	
AWARDS/ACCOMPLISHMEN	ITC (you may aynand an thi	a acation in your CV
AWARDS/ACCOMPLISHMEN	115 (you may expand on thi	s section in your Cv)
DUDI IOATIONO A DECENIT	ATIONIC /	
<b>PUBLICATIONS &amp; PRESENT</b>	ATIONS (you may expand o	n this section in your CV)
The following documents are required	d to support your fellowship applicati	on:
□A minimum of three letter	ers of recommendation. One let	ter must be from the Director of your Residency Training
Program.		
□Current curriculum vitae		
□Copy of medical school of	diploma (with English translation	if applicable)
□ECFMG certificate (if ap	olicable)	
☐TOEFL IBT certificate (if	applicable)	
□ Personal statement of ca	areer goals, with discussion of ho	w you plan to use this training
☐Official copy of USMLE of	or Loce transcript	
By my signature below I cortify that t	no information in this application is	ocurato
By my signature below, I certify that t	ne information in this application is a	oourale.

Program Start Date 7/2022

NOTE: Each PAG fellowship program has requirements in addition to this common application. To ensure that your application is complete, please contact the program to which you are applying for information about their specific institutional requirements. A list of PAG fellowship programs is available on the web at <a href="https://www.naspag.org/page/PAGFellowship">https://www.naspag.org/page/PAGFellowship</a>.

Date: \_\_

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Signature:

<sup>\*\*</sup> All programs will start in July, but specific start date is institution based.