

PROGRAM APPLICATION FORM GENERAL PEDIATRIC MASTER EDUCATOR FELLOWSHIP

The General Pediatric Master Educator Fellowship (GPMEF) will train skilled general pediatric faculty through a curriculum that provides a balanced educational experience in the science of education, teaching in an environment that encompasses the issues of underserved populations and leadership. The duration of this training program is two years. There will be one new fellow each year. Applicants must hold an MD or DO degree and have completed an approved residency program in either pediatrics or combined internal medicine and pediatrics.

To apply for the GPMEF fellowship, please complete the form below.

Applicant Information

Name:		Gender:
<hr/> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> First Middle Last </div>		<input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Address:		Phone:
Email:		
Date of Birth:	Place of Birth:	
Citizenship:	If foreign born: <ul style="list-style-type: none"> • Date of naturalization: • Date of permanent resident status: 	
Ethnic Background (Please check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian American, Asian or East Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other (please specify) _____ 		

Present Position or Title (check one):

Resident

Fellow

Faculty (Rank: _____)

Other (Please specify: _____)

Years at current position: _____

If you are currently a resident:
 Name of Program Director:
 Residency Program:
 Projected Date of Completion:

If you are currently a fellow:
 Name of Program Director:
 Fellowship Program:
 Projected Date of Completion:

Board Certification Status:
 Date of Board Certification:
 Projected Date of Board Certification:

Educational History

University and professional training you have received (include your residency and fellowship):

Name of Institution	Years Attended		Degree Received
	From	To	

Note: Academic honors, grants and scholarships (add separate sheet if necessary).

Employment History

List your relevant employment history in chronological order since graduation, including internships, residencies, fellowships, and hospital affiliations (**Note:** If you are engaged in private practice, list all hospital affiliations as well.).

Institution Name and Location	Dates		Professional Practices/ Position Held
	From	To	

Letters of Recommendation

Applicants are required to submit three (3) recommendation letters (**Note:** One of the recommendation letters should be obtained from the applicant's program director if s/he is a current resident/fellow). References may be electronically submitted directly to the email address stated below. All recommendations are considered confidential.

Please complete all information about your references below. Make sure that you select your reference people who are qualified to attest to your academic standing, and your ability to successfully complete the General Pediatric Master Educator Fellowship Program

All references must be received by January 4, 2019.

Names	Title and Address

--	--

Application Checklist

<input type="checkbox"/> Curriculum Vitae <input type="checkbox"/> 3 Letters of Recommendation <input type="checkbox"/> Personal Statement <input type="checkbox"/> Program Application Form for General Pediatric Master Educator Fellowship
--

Application Filing and Deadline

<p>All documentation should be completed and submitted by email to Becki Barga (Rebecca.barga@cchmc.org) and Melissa Klein, MD (melissa.klein@cchmc.org) by December 15, 2018 (This is the application deadline is for the July 2019 cohort.)</p> <p>Faxed or mailed documentation will be accepted if received by the deadline. You may contact us at:</p> <p style="padding-left: 40px;">Attn: Becki Barga and Melissa Klein, MD Division of General and Community Pediatrics Cincinnati Children's Hospital Medical Center 3333 Burnet Avenue (MLC 2011) Cincinnati, Ohio 45229-3039 Phone: (513) 636-4506 Fax: (513) 636-7247</p>

Applicant Signature

I certify that the information provided in this application is true and correct.

Signature:

Date:

Note: If you have any difficulties completing this application or need guidance regarding your submission please contact the address provided above.