



PROGRAM APPLICATION FORM
Cincinnati Children's Hospital Medical Center
Division of General and Community Pediatrics

APPLICATION FOR ADMISSION
ONLINE MASTERS DEGREE IN EDUCATION FOR HEALTH CARE PROFESSIONALS
(CURRICULUM AND INSTRUCTION - DISTANCE LEARNING: MEd)

Name _____

DOB _____

US Social Security # _____

Gender [] Male [] Female

Race/Ethnicity _____

Country of Citizenship _____

Country of Residence _____

Native English Speaker [] Yes [] No (TOEFL scores must be submitted with application)

Home Address _____

Phone #s () _____ (Home) () _____ (Work)
() _____ (Cell/Pager) () _____ (Fax)

Email _____

Institution/Company _____

Specialty _____

Title _____

Address (Work) _____

Prior Education

University/College	Dates	Degree(s)	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about our program?

Additional Application Requirements

1. Completion of online University of Cincinnati Graduate School application (available from www.grad.uc.edu, requires a \$40 application fee). **Be sure to select the correct program: “Curriculum & Instruction – Medical Educator - Distance Learning: MEd.”** *If you apply to the incorrect program, you will have to reapply and pay an additional \$40 application fee. Also be sure to select the earliest quarter you will want to start. You cannot start earlier than the quarter you indicate on this application. You can start in a later quarter, up to one year.*
2. One-page essay summarizing your purpose and goals in entering the MEd program, particularly as related to your current position (this can be emailed to the contact email below)
3. Curriculum vitae (this can be emailed to the contact email below)
4. Official undergraduate/graduate school transcripts (can be sent directly to address below)
5. Official standardized test scores (general GRE for non-MDs, TOEFL for non-US applicants whose native language is not English; GRE is not required from MDs)
6. Two letters of recommendation, including from your department chairman and division director as applicable. **Letters should be addressed to Dr. Raymond Baker, Program Director, at the application mailing address below; letters can be sent to Dr. Baker OR Lea Alae.** These letters can be faxed to the contact fax below (in addition to being mailed) for quicker receipt.
7. Photograph - please provide us with a color or black/white photograph. This can be emailed to lea.alae@cchmc.org or included in your packet. Alternatively, if a photo is available from a bio page on your institution’s website, please let us know the URL.

Applicaton Fee

There is a \$40.00 application fee when you complete the online UC graduate program application.

Application Mailing Address

Lea Alae, Program Coordinator
Division of General & Community Pediatrics
Cincinnati Children’s Hospital Medical Center
3333 Burnet Avenue, MLC 2011
Cincinnati, OH 45229-3039

Contact Information

lea.alae@cchmc.org
(513) 636-4183 phone
(513) 636-7247 fax