



Application for Clinical Fellowship

PROGRAM: _____

Applying for which academic year? _____

Mail/Email to: _____

GENERAL INFORMATION

Name: _____
Last First Middle Maiden (if applicable)

Present Address: _____

Cell Phone _____

Personal Email: _____ Visa Type: _____

Are you eligible or authorized to work in the US? Yes ☐ No ☐ Were you in the US Armed Forces? Yes ☐ No ☐

If yes, which branch? _____ From _____ To _____ Rank/Grade _____

Have you been or are you currently the subject of disciplinary proceedings by any state licensure agency? Yes ☐ No ☐

Have you been or are you currently the subject of disciplinary proceedings by any hospital? Yes ☐ No ☐

If you answered yes to either question, please explain on a separate sheet and attach it to this application.

EDUCATION – For all dates, use the "From MM/DD/YYYY to MM/DD/YYYY" format

Undergraduate School Name _____

Location (City, State & Country): _____

Start Date: _____ Graduation Date: _____ Degree/Concentration: _____

Graduate/Medical School Name: _____

Location (City, State, & Country): _____

Start Date: _____ Graduation Date: _____ Degree/Concentration _____

E.C.F.M.G. (if foreign trained) Number: _____ Issue Date: _____

CURRENT & PRIOR TRAINING – For all dates, use the "From MM/DD/YYYY to MM/DD/YYYY" format

Internship: _____

(Institution Name)

(Dates: From – To)

City, State & Country: _____

Area of Training/Specialty: _____ Completed Program? Yes ☐ No ☐

Residency: _____

(Institution Name)

(Dates: From -- To)

City, State, & Country: _____

Area of Training/Specialty: _____ Completed Program? Yes ☐ No ☐

Fellowship: _____
(Institution Name) (Dates: From MM/DD/YYYY to MM/DD/YYYY)

City, State & Country: _____

Area of Training/Specialty: _____ Completed Program? Yes ☐ No ☐

WORK/OTHER EXPERIENCE

Organization & Location	Position	Dates From MM/DD/YYYY – To MM/DD/YYYY

AWARDS/ACCOMPLISHMENTS

PUBLICATIONS & PRESENTATIONS

Members of Cincinnati Children's Hospital Medical Center Faculty, Attending Staff or House Staff known by the applicant:

The following documents must accompany your fellowship application:

- Letters of Reference (3 preferred but at least 2 required, with one from your most current program director or direct supervisor).
- Current curriculum vitae
- Copy of graduate school diploma (if received; must be in English or be a certified English translation)
- ECFMG certificate (if applicable)
- USMLE Transcripts (not score reports)
- A recent photograph, in JPEG format, clear and at least 300dpi

Please contact the program directly for information about any additional requirements.

Cincinnati Children's Hospital Medical Center affords equal employment opportunity to qualified employees and applicants, regardless of their race, color, religion, sex, national origin, age, physical or mental disability, military or veteran status, sexual orientation, or other protected status in accordance with applicable federal, state, and local laws and regulations.

Applicant Acknowledgement and Authorization

I authorize Cincinnati Children's Hospital Medical Center (CCHMC) to investigate all statements made during my application process and to obtain conviction records, make employment reference checks, and obtain any other information CCHMC deems relevant to its hiring process. I fully release CCHMC (including its current or former officers, employees, agents, attorneys, and contractors) and all other related persons or entities from any, and all, liability for any damages that may result from obtaining or furnishing such information.

I understand and agree that, if hired, either I or CCHMC may end my employment at any time. I understand my employment is "at- will," and that no one may make any oral or written promises or agreements (except a writing signed by the CEO or his direct designee) which alter this employment-at-will relationship.

I agree to observe all present and subsequently issued personnel policies and procedures. I understand that such policies and procedures do not constitute a contract of employment between me and CCHMC, and that CCHMC may revise its policies and procedures at any time.

I understand that CCHMC maintains a drug-free workplace in accordance with applicable provisions of the Drug-Free Workplace Act of 1988. I agree to submit to a drug screen prior to beginning employment with CCHMC; I understand that I will not be considered for employment at Cincinnati Children's Hospital Medical Center if I fail to consent to testing, fail to authorize release of results, or tamper with the results in any way. I understand that the unlawful manufacture, distribution, sale, possession, or use of controlled substances or illegal drugs by CCHMC employees is prohibited, and that employees may not use prescribed medications that inhibit their abilities to perform their jobs.

I understand that in consideration of CCHMC's patients and applicable law, CCHMC maintains a smoke-free workplace.

I understand that CCHMC may require employees to work at other than their current assignments or schedules as needed.

I understand and agree that CCHMC pay distribution occurs through direct deposit to a banking institution designated by the employee.

By my e-signature below, I certify that I have read, fully understand, and accept all terms of the foregoing statement.

*Signature:*_____ *Date:*_____