

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*
- Boston Children's Hospital, General Academic Pediatric Fellowship,* *Boston*
- Boston University Medical Center Primary Care Academic Fellowship, *Boston*
- 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*
- Johns Hopkins School of Medicine*, *Baltimore* (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 Academic General Pediatrics Fellowship and Pediatric Obesity Fellowship*, *Wilmington, Delaware*
- 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*
- The Medical University of South Carolina, *Charleston, SC*
- UC Davis Children's Hospital, *Sacramento, CA*
- UCSF Benioff Children's Hospital, *Fresno, CA*
- University of Minnesota*, *Minneapolis & Saint Paul*
- 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*

**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.*

Programs that accept Visa applicants:

- Nemours/Alfred I. duPont Hospital for Children Academic General Pediatrics Fellowship
- Stanford University (accepts J1 Visa applicants)
- University of Oklahoma Health Sciences Center (OUHSC)

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:

--

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 do not have a current medical license, skip to the “Board Certification” questions.)

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:

4. Have you ever been convicted of a misdemeanor? Yes No

If yes, please note the date and comment:

5. Have you ever been convicted of a felony? 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:

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.

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 include how past experiences have 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:

Supplemental Biographical Information

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

Date of Birth:	
Place of Birth:	
Gender:	
Ethnicity/Race (Self-identification):	
Ethnicity	
<input type="checkbox"/> 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).	
<input type="checkbox"/> Not of Hispanic or Latino origin	
Race	
<input type="checkbox"/> Black or African American: A person having origins in any of the original groups of Africa.	
<input type="checkbox"/> 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).	
<input type="checkbox"/> American Indian or Alaskan native: Includes persons having origins in any of the original peoples of North America and South American (including Central America), who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.	
<input type="checkbox"/> White: Includes persons having origins in any of the original peoples of Europe, North Africa or the Middle East.	
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

Checklist for Submission

- Register for the Pediatric Fall Specialties NRMP Match at <https://r3.nrmp.org/viewLoginPage>
- Contact EACH program individually that you will be applying 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.
- Email the following forms directly to the Fellowship Program Director at the email address listed in Appendix 1
 - Completed application form
 - Personal Statement
 - Updated CV
- Have three (3) letters of recommendation sent directly by letter-writer to the Fellowship Program Director at the email address listed in Appendix 1
 - Fill out the Confidential Reference Report for each of your recommenders and have the letter-writers submit a Confidential Reference Report along with each letter of recommendation.
 - If a current resident, one letter must be from your current Program Director.

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 Children's Hospital, General Academic Pediatric Fellowship	Corinna Rea	corinna.rea@childrens.harvard.edu	617-355-4188
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 Rose	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
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*	Natalie Schroeder	SCHROEDERN@EMAIL.CHOP.EDU	267-426-9145

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 Fresno	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

**Academic Pediatric Association Accredited Fellowship Training Programs*