

AWARDS/ACCOMPLISHMENTS (PLEASE DO NOT JUST WRITE 'SEE CV')

PUBLICATIONS & PRESENTATIONS (PLEASE DO NOT JUST WRITE 'SEE CV')

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

Application Requirements for ALL APPLICANTS PhDs or MDs who do not plan to obtain a US medical license

- The attached application form filled out completely and signed.
- Your personal statement explaining your interest in the fellowship.
- Your current CV.
- Transcript/grades from MD and/or PhD program.
- Three letters of recommendation from mentors; one of which must be from a training or PhD director.

Additional application requirements for ALL International Graduates - Graduated from a Non-US or Non-Canadian Institution

- Letter of Verification of Credentials from the ABMGG http://www.abmgg.org/pages/cert_forcredential.shtml
- We sponsor J-1 Training Visas FOR MDs; H-1B visas for qualified PhD candidates.
- TOEFL score report. *If the ABMGG indicates in their Verification of Credentials letter that this is not required it may be omitted.

ALL application materials must be submitted in PDF format in a single complete file with the file name in this format: LastName_First Name Application *PROG*. Please note that *.word or *.jpg files will not be accepted as applications and we will not assemble PDF files for you.

A file name example is: Smith_John Application LGG

Letters of recommendation may be included in the single PDF file or they may be sent via email to geneticstraining@cchmc.org or by regular mail to the address shown below. They should be addressed to Dr. Teresa Smolarek, Program Director - Laboratory Genetics and Genomics Training Programs. Applications not submitted as indicated above will not be considered.

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:* _____

8/2022 DHG CBG LGG