

Application for Academic General Pediatrics Fellowship

DIVISION OF GENERAL PEDIATRICS

UT SOUTHWESTERN MEDICAL CENTER

5323 Harry Hines Blvd, Dallas TX 75390-9063

Year To Begin (All fellowships begin July 1st annually): _____

PERSONAL DATA

Name of Applicant: _____

Address: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

How did you learn about our fellowship? _____ Citizenship: _____

Military Status: (Include previous military service and rank, and present rank classification). Please state if eligible for VA Benefits: _____

CERTIFICATION:

State Licensure and year: _____

Do you have a Texas License (circle one)? Yes No Applied for

License No.: _____

Board Certified (circle one): Yes No

Board-Eligible (circle one)? Yes No

Date Certified: _____

If board-eligible, what date will you take the board

Specialty Board: _____

exam? _____

FOR ALL GRADUATES OF MEDICAL SCHOOLS OUTSIDE OF THE UNITED STATES AND CANADA: (All foreign graduates must pass the ECFMG before interviewing)

ECFMG Certificate No. and Date of Issue: _____

Type of Certificate (circle one): Standard Temporary

Type of Visa: _____ Visa No.: _____

Please attach: a complete curriculum vitae, a recent photograph, your USMLE scores, a personal statement of your reasons for wanting the fellowship training, special areas of interest in research, and any other information you believe might be useful to us in evaluating your application. If you are a foreign medical graduate, please attach a copy of your ECFMG certificate.

REFERENCES: Please provide the names, academic titles, and full contact information (e-mail address, phone numbers, and mailing address) for at least three faculty who can act as references and address the candidate's research experience, training, achievements, and potential for future success.

PUBLICATIONS, PRESENTATIONS AND RESEARCH EXPERIENCE: Please submit a ½- 1 page summary of relevant research experience, along with PDF or hard-copy reprints of any publications, letters of acceptance for manuscripts in press, and a list of conference presentations.

ELIGIBILITY REQUIREMENTS:

- MD or DO degree
- Completion of an accredited pediatric residency
- Board-eligible or board-certified in Pediatrics
- Strong interest in academic general pediatrics career
- U.S. citizenship or permanent residency
- Women and minority candidates strongly encouraged to apply

FORMAL EDUCATION AND TRAINING:

<u>Description</u>	<u>Name and Address of Institution</u>	<u>From</u>	<u>To</u>	<u>Degree</u>	<u>Service Chief</u>
Undergraduate					
Medical					
Internship					
Residency					
Fellowship					
Other					

PERSONAL GOALS AND FUTURE PLANS: Please attach a one-page statement of personal goals, future plans, and reasons for applying to this fellowship.

Name

Signature

Date

Recent Photograph

(attach photo here or e-mail to tiffany.chimal@utsouthwestern.edu)

I attest that the information provided is accurate and falsification of information is grounds for dismissal if accepted into the training program.

Send completed applications to:
 UT Southwestern Medical Center
 Attn: Tiffany Chimal
 5323 Harry Hines Blvd.
 Dallas, TX 75390-9063
OR:
Tiffany.Chimal@utsouthwestern.edu

Contact for questions:

Tiffany Chimal
 (214) 648-4305
 (214) 648-3220 fax
Tiffany.chimal@utsouthwestern.edu