DEPARTMENT OF PEDIATRICS
The University of Texas Southwestern Medical Center at Dallas
5323 Harry Hines Blvd. F3-202
Dallas, Texas 75390-9063

AFFLIATED WITH:
Children's Medical Center of Dallas
Parkland Health and Hospital Systems

DIRECTOR OF PROGRAM:
Jeffrey S. Kahn, M.D., Ph.D.

APPLICATION FOR FELLOWSHIP IN PEDIATRIC INFECTIOUS DISEASES

PREFERRED STARTING DATE_____

Name_____ Sex [ ] Male
First Middle Last [ ] Female

Present Mailing Address_____

_____

TEL:(Home):_____ (Office):_____

(FAX):_____ (e-mail):_____

[ ] Married Citizenship_____ **Foreign Graduates:**

[ ] Single Date of Birth_____ Visa_____

[ ] Other _____ Place of Birth_____ ECFMG Cert. No._____

Number of Children_____ Social Security No._____

Medical School_____Year Graduated_____

Postgraduate training:

Type	Institution	Date

Military Service_____

References: (Please have those listed send letters directly to Dr. Kahn at the above address.)

Name	Position	Institution
1.		
2.		
3.		

Please include a list of publications (if applicable) and a brief statement of your reasons for wanting the fellowship training, special areas of interest within the sub-specialty, your ultimate career plans and any other information you think might be helpful to us in evaluating your application.

Please attach a recent photograph and current curriculum vitae.