

The University of Texas Southwestern Medical Center at Dallas
Department of Pediatrics
Division of Hematology-Oncology

Application for Pediatric Hematology-Oncology Fellowship Position

Full Name: _____

Present Address: _____

Telephone Number(s): Day _____ Evening _____

Fax Number: _____ E-mail: _____

Citizenship: _____ Visa Status (if applicable): _____

SSN: _____ Date of Birth: ____/____/____

Medical School: _____ Month/Year Graduated: ____/____

Class Rank: _____ USMLE Score*: Step 1 _____ Step 2 _____ Step 3 _____
(*copy of certificates required)

Postgraduate Training

Type	Name of Institution	Dates (Month/Year)
_____	_____	____/____ to ____/____
_____	_____	____/____ to ____/____
_____	_____	____/____ to ____/____

Required Documents: Curriculum Vitae, Personal Statement, medical school Dean's letter and transcript, USMLE certificates, and 3 or more recommendation letters (should be obtained from physicians involved with the applicant's educational or clinical training programs). **Please have those listed below send letters directly to:** Patrick Leavey, MD, Program Director, Pediatric Hematology-Oncology, The University of Texas Southwestern Medical Center at Dallas, 5323 Harry Hines Blvd., Dallas, TX 75390-9063; Fax 214/648-3122)

Name	Position	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am applying for a position beginning in July 20_____.

Date: _____ Signature: _____

****Please attach a recent photograph.****