



THE CHILDREN'S HOSPITAL of PHILADELPHIA
34th Street and Civic Center Boulevard Philadelphia, PA 19104-4399
Telephone 267-426-9670

APPLICATION FOR
ACADEMIC GENERAL PEDIATRICS FELLOWSHIP

Please attach recent photo	PLEASE DO NOT WRITE IN THIS SECTION Appointment as: _____ _____ From: _____ To: _____
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I hereby apply for appointment as a Graduate Medical Trainee at The Children's Hospital of Philadelphia for 24 months, beginning July 1, 2012 (with vacation, depending on length of service, being provided at a time convenient to the hospital).

PLEASE APPOINTMENT DESIRED

Clinical Fellow Research Fellow Other: _____

Full Name: _____ M.D. _____ M.B.B.S. _____ D.D.S. _____
 _____ D.O. _____ M.B.B.Ch. _____ D.M.D. _____

Present Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Beeper # _____

E-Mail Address: _____ Fax No.: _____

Permanent Address: _____

Place of Birth: _____ Date of Birth: _____ Married Single

Citizen of: _____ U.S. Social Security No.: _____

U.S. Unrestricted Medical License (attach copy): Graduate Medical Training License (attach copy):
 State: _____ No. _____ State: _____ No. _____

State: _____ No. _____ State: _____ No. _____

U.S. Licensing Exams passed (attach copy of scores for each exam):
 ECFMG English _____ TOEFL _____ Clinical Skills Assessment _____ LMCC _____ FLEX _____

State Board _____ FLEX 1 _____ FLEX II _____ NBME 1 _____ NBME II _____ NBME III _____ USMLE 1 _____
 USMLE 2 _____ USMLE 3 _____

INTERNATIONAL MEDICAL GRADUATES (attach copies of each document)

ECFMG Certificate No. _____ Type if Visa _____ Hold _____ Needed _____

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PREMEDICAL EDUCATION:

Institution	From	To	Degree
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MEDICAL EDUCATION:

Institution	From	To	Degree
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HOSPITAL TRAINING (do not list rotations in medical school):

Hospital	Location	From	To	Degree
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POSTGRADUATE EDUCATION (organized courses only):

SPECIAL TRAINING (not already listed, such as assistantships, practice, etc.)

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BOARD CERTIFICATION

Year Specialty Name of Board Country of Issuing Board

ADDITIONAL INFORMATION (such as publications, summer work, extra curricular activities):

REFERENCES: Communications concerning professional ability and personal qualifications must be sent under separate cover directly to Chinh Pham, Fellowship Program Coordinator, The Division of General Pediatrics at The Children's Hospital of Philadelphia from at least three physicians, preferably under whom you have served or trained. **Letters of recommendation must be requested by the applicant.** List references below:

SIGNATURE OF APPLICANT: _____

DATE: _____

Return to: **Chinh Pham, Fellowship Program Coordinator**
Division of General Pediatrics
The Children's Hospital of Philadelphia
3535 Market Street, Rm 1510
Philadelphia, PA 19104-4399
phamc@email.chop.edu
(267) 426-9670