

## Medical Education Request Form

Please submit your completed application to [GPEducation@chop.edu](mailto:GPEducation@chop.edu) at least **3 months before** the date you wish to start. A complete application includes all of the following, unless otherwise stated:

1. Medical Education Request Form
2. CV or Resume
3. Two letters of recommendation (written within the past year) from medical professionals who can attest to your true medical capabilities

### Program Details:

Visitor—A period less than 7 days *Two letters of recommendation are not needed for visitors* Observer—A period between 2 weeks and 2 months (longer observerships accepted on a case-by-case basis; no hands-on patient contact) International Scholar—A hands-on fellowship-like program for international physicians with USMLE's and ECFMG certification. This is typically for a 1-year period.		
Requested Program Dates (MM/DD/YYYY)	Start Date:	End Date:
Primary Division of Interest:		Secondary:
Do you have a contact in this division? If so, who?		

### Please provide your contact information below:

Your Name: (As listed on Passport)	Surname: (Last Name)	Given Name:	Middle Name:
Preferred Name:	Preferred Pronoun:	Date of Birth:	
Gender:	Male	Female	Non-binary
Phone Number:			
Email:			
Home Address:	Street:		
	City, Country, Zip Code:		

### Please provide details about your hospital and experience:

Hospital/Organization Name:			
Hospital Address:	Street:		
	City, Country, Zip Code:		
Website:	Phone:		
Does your hospital or organization have an institutional relationship with CHOP?    Yes    No			
Job Title:	Years of Professional Experience:		

**Goals and Objectives of your Global Pediatric Education Program:**

Goals of Program: Please describe the broad goals you want to accomplish through this educational program.
Specific Objectives of Program: Please list the specific objectives you are hoping to accomplish through this educational program. Please be as detailed as possible.
At the end of my time at CHOP, I would like to be able to...

**English Proficiency:**

Please rate yourself on each category (Reading, Writing, Speaking, and Listening). Check the level most appropriate for your skill level.				
	Beginner	Intermediary	Advanced	Fluent
Reading				
Writing				
Speaking				
Listening				
If available, please share your English proficiency exam scores.				
TOEFL Score:				
IELTS Score:				
Other (Please specify test and score):				

**How did you learn about Children’s Hospital of Philadelphia?**

Internet	Children’s Hospital Website	Embassy
Non-CHOP Physician	Advertisement	Personal Contact at CHOP
Global Medicine’s Brochure	Other (Please tell us) :	

