Application for Fellowship in Pediatric Anesthesiology

Desired fellowship start date	te:	_		
First Name	Middle Name		Last Name	
Previous Last Name:	Pre	eferred N	ame:	
Email:				
			N:	
Other ID# (type)				
Present Mailing Address:				
Country:	Street Address:			
City:	State/Provi	nce:	Zip Code:	
Future Mailing Address (if applicable): Beginning	date		
Country:	Street Address:			
City:	State/Provi	nce:	Zip Code:	
Pro	eferred # (check one):			
Home Phone:				
Work Phone:			Optional: Please affix a recent passport-sized photo of yourself here	
Pager:				
Mobile:				
Fax:		provi	undersigned, attest that the inform ded herein is true to the best of my ledge:	
Birth Place:				
Birth Date: Gender:		Sions	ature of applicant	Date

Citizenship:		
☐ US Citizen	☐ Permanent Resident	☐ Refugee/asylum/displaced
☐ Foreign National	☐ Conditional Permanent R	Resident
Current and Expecte	d Visa Types (for Non-U.S. No	ationals only - select all that may apply):
☐ B-1 - Temporary v	isitor for business	
☐ B-2 - Temporary v	isitor for pleasure	
☐ F-1 - Academic stu	ıdent	
☐ F-2 - Spouse or ch	ild of F-1	
☐ H-1 - Temporary v	vorker	
☐ H-1B - Specialty o	eccupation, DoD worker, etc.	
☐ H-2B - Temporary	worker - skilled and unskilled	
☐ H-4 - Spouse or ch	aild of H-1, H-2, H-3	
\Box J-1 - Visa for exch	ange visitor	
☐ J-2 - Spouse or chi	ld of J-1	
□ O-1 - Extraordinar	y ability in sciences, arts, educ	ation, business, or athletics
□ TN - NAFTA trade	e visa for Canadians and Mexic	cans
\Box E-2 – Treaty inves	tor, spouse and children	
☐ Diplomatic Service	ee	
\square Immigrant		
\Box EAD – Employme	nt Authorization	
☐ Other (describe):		
USMLE ID:		(Required for USMLE transcript transmission)
NBOME ID:		(Required for COMLEX transcript transmission)
International Medica	l Graduates only:	
Are you certifi	ed by the Educational Commis	ssion for Foreign Medical Graduates (ECFMG)?
□ Yes □ No		
Date of ECFM	IG certification: Month	Year

Service Obligations

Are you committed to fulfill U.S. military active	duty service of	bligations/defer	ments?
□ Yes □ No			
If yes, date of anticipated fulfillment of obligation	n:		
Military branch:			
Do you have any other service obligations? (i.e.,	Military Rese	rves or Public H	ealth/State programs)
□ Yes □ No			
Description:			
Education (include only higher education)			
For each higher education institution you have at Describe further entries in the space provided at t			uested information.
Entry 1:			
Institution:			
Location:			
Education Type: Undergraduate Graduate	e 🗆 Other		
Major:			
Degree expected or earned: \square Yes \square No			
Degree:	_ Degree Mon	th:	Degree Year:
Dates of Attendance: From: Month	Year	To: Month	Year

Entry 2 (leave blank if not applicable):		
Institution:		
Location:		
Education Type: Undergraduate Gradua		
Major:		
Degree expected or earned: \square Yes \square No		
Degree:	Degree Month:	Degree Year:
Dates of Attendance: From: Month	Year To: Month Leave To: month/year blank if e	
Medical Education		
For each medical school you have attended, pleantries in the space provided at the end of this a		ation. Describe further
Entry 1:		
Country: Institution:		
Degree expected or earned: \square Yes \square No		
Degree:	Degree Month:	Degree Year:
Dates of Attendance:		
From: Month Year	To: Month Year Year Leave To: month/year blank if e	experience is ongoing.
Entry 2 (leave blank if not applicable):		
Country: Institution:		
Degree expected or earned: \square Yes \square No		
Degree:	Degree Month:	_ Degree Year:
Dates of Attendance:		
From: Month Year	To: Month Year Year Leave To: month/year blank if &	experience is ongoing.

Current/Prior Training

For each internship, residency, or fellowship training position you have had or currently hold, regardless of the amount of time spent at each, please provide the requested information. Describe further entries in the space provided at the end of this application.

Entry 1:			
	nternship Residency	•	
Specialty:	Institution/Progra	ım:	
Country:	State/Province:	City:	
From: Month	Year	To: Month	Year
Reason for leaving: \Box	Completed training □ Ot	her (please explain):	
Entry 2 (leave blank if	not applicable):		
• ,	nternship \square Residency \square	Fellowship	
		ım:	
		City:	
		To: Month	
Daggar for lacting:	Completed training ☐ Ot	har (plaga avplain):	
Reason for leaving.	Completed training Ot	nei (piease expiani).	
Entry 3 (leave blank if	**		
· -	nternship Residency	_	
Specialty:	Institution/Progra	ım:	
Country:	State/Province:	City:	
From: Month	Year	To: Month	Year
Passon for leaving:	Completed training ☐ Ot	her (nlease evnlain):	

Examinations

E.g. USMLE Step 1, 2, 3, in-training exam, NBME Part 1, 2, etc. Describe further entries not included here in the space provided at the end of this application.

□ None			
Entry 1:		Entry 2:	
Exam:		Exam:	
Month	Year	Month	Year
Score:	Pass 🗆 Fail 🗆 N/A	Score:	□ Pass □ Fail □ N/A
Entry 3:		Entry 4:	
Exam:		Exam:	
Month	Year	Month	Year
Score:	□ Pass □ Fail □ N/A	Score:	□ Pass □ Fail □ N/A
Licensure/Certific	ation		
-	currently hold, please provide t the end of this application.	he requested informat	tion. Describe further entries in
□ None			
Entry 1:			
State:	License Type: Full	☐ Temporary ☐ Lin	nited Inactive
License Number:			
Expiration: Month	Year		
Entry 2 (leave blank	if not applicable):		
State:	License Type: Full	☐ Temporary ☐ Lin	nited Inactive
License Number:			
Expiration: Month	Year		

DEA Registration Number (if applicable):(U.S. medical license holders only)
Expiration: Month Year
Are you Board Certified? □ Yes □ No
Certifying board(s):
Life Support Certification:
☐ ACLS (Advanced Cardiac Life Support) certified in the U.S.A. Expiration Date:
□ PALS (Pediatric Advanced Life Support) certified in the U.S.A. Expiration Date:
Miscellaneous
Has your medical license ever been suspended/revoked/voluntarily terminated? ☐ Yes ☐ No
Reason:
Have you ever been named in a malpractice case? ☐ Yes ☐ No
Reason:
Is there anything in your past history that would limit your ability to be licensed or to receive hospital privileges?
□ Yes □ No
Reason:
Have you ever been convicted of a felony?
□ Yes □ No
Reason:

Was your medical education/training extended or interrupted?
□ Yes □ No
Please explain, in detail, any gaps in your education, training, or employment following your attainment of a medical degree:
If you were ever off-cycle in your training, please explain why:
If you have been employed since leaving your training, please list each position you have held, including nature of practice, types of cases, dates employed, and reason(s) for leaving:
Are you able to carry out the responsibilities of a pediatric anesthesia fellow at the specific training programs to which you are applying, including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements, including overnight work, without accommodations?
□ Yes
□ No (please explain any accommodations required):
Please use the attached "Additional Information" page to provide any information not included above.

Please provide a personal statement, which should include, but not be limited to, the following:

Briefly describe your interest in pediatric anesthesiology.

What are your career goals (academic, private practice, patient mix, etc.)?

What interests do you have outside of medicine?

Additional Information: