



**Harvard-wide Pediatric
Health Services Research Fellowship Program
APPLICATION FORM**

Deadline: September 10th, 2019 (for July 2020 entry)

Name	Professional Degree(s)
Current Position & Institution	Phone Number
Board Status or Exam Date	Email Address
Mailing Address	

REQUIRED DOCUMENTS:

1. Curriculum Vitae
2. Personal Statement --- in less than 2 pages, please explain your career goals, how the fellowship program would further these goals, and the type of research questions you would like to address.
3. Three (3) Letters of Recommendation --- letters should be addressed to Program Director, Jonathan Finkelstein, MD, MPH, and must be e-mailed directly from the letter writer to Associate Director, Erinn Rhodes, MD, MPH: erinn.rhodes@childrens.harvard.edu

For each of your letter writers, please list their name, current position, and institution:

Letter #1

Letter #2

Letter #3

4. Please check here if you are also interested in being considered for the Boston Children’s Hospital Pediatric Health Equity Fellowship. See the BCH HSR Health Equity Fellowship flyer for details. Only those currently affiliated with Boston Children’s Hospital are eligible to apply.

Our federal reporting requirements include information about our prospective trainees with respect to their race, ethnicity and self-report of disabilities. Your responses are voluntary and will not impact the evaluation of your application.

Race (check all that apply)

- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Prefer not to respond

Ethnicity (please check one)

- Hispanic/Latino
- Not Hispanic/Latino
- Prefer not to respond

Do you have (or have you had) a disability defined as a physical or mental impairment that substantially limits one or more of your major life activities?

- I have a disability
- I do not have a disability
- I do not wish to identify my disability status

How did you hear about the Harvard-wide Pediatric Health Services Research Fellowship Program? (check all that apply)

- | | |
|------------------|---------------|
| Friend/Colleague | Advertisement |
| Mentor/Advisor | Web Search |
| LISTSERV | Other |

Please e-mail your completed application form, CV, and personal statement to:

Erinn Rhodes, MD, MPH, Associate Director
erinn.rhodes@childrens.harvard.edu