Boston Children’s Hospital
Division of General Pediatrics

FELLOWSHIP APPLICATION

Please complete all sections below and attach your CV.

1. NAME

PREFERRED MAILING ADDRESS

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TELEPHONE FAX

EMAIL

APPLICATION FOR
☐ General Academic Pediatrics Fellowship
☐ Pediatric Environmental Health Fellowship

STARTING

2. LICENSURE

STATE ☐ FULL ☐ LIMITED

STATE ☐ FULL ☐ LIMITED

STATE ☐ FULL ☐ LIMITED

3. PLEASE INDICATE YOUR INTERESTS IN THE VARIOUS AREAS WITHIN GENERAL PEDIATRICS

MAJOR INTEREST

OTHER INTEREST (PUT 1 FOR "STRONG" AND 2 FOR "MODERATE")

( ) ( )

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( ) ( )

INTERESTS: SOME EXAMPLES
Primary Care Medical Education
Behavioral Problems Advocacy
Special Needs Health Care Mgmt.
Health Care Legislation & Economics Public Policy
Quality Improvement Environmental Health

PLEASE WRITE A BRIEF RESPONSE TO EACH OF THE FOLLOWING QUESTIONS ON SEPARATE SHEETS OF PAPER:
4. What prior experience have you had in general pediatrics, child advocacy or medical education? How has this influenced your life and career?

5. Please describe a particular problem or subject area in child health on which you would like to concentrate during your fellowship training.

6. Please describe any prior research experience. Describe or list any research questions that you would like to answer during the course of your fellowship.

7. What are your overall career goals? Describe what you would like to be doing professionally five years from now. How do you anticipate this fellowship will assist you in your plan?

8. References. Please ask three references to write to Dr Mark A. Schuster, Chief for the Division of General Pediatrics. They should provide a knowledgeable assessment of your background and training, clinical abilities, teaching and leadership potential and capacity for research or other project activities. List their names, full addresses, and telephone numbers below. Current residents and those who have completed their training within the past five years should list their Department Chair, Directory of Residency Training, and one other (current) reference of their choice.

NAME

PHONE

ADDRESS

CITY, STATE, ZIP

NAME

PHONE

ADDRESS

CITY, STATE, ZIP

NAME

PHONE

ADDRESS

CITY, STATE, ZIP

SIGNED

DATE

PLEASE RETURN COMPLETED FORM TO:

Gwendolyn Gilmer
Division of General Pediatrics
Children's Hospital Boston
300 Longwood Avenue
Boston, MA 02115
Phone: 617-355-5010  Fax: 617-730-0633

PHOTO HERE