



Boston Children's Hospital
Division of General Pediatrics

COMPLEX CARE FELLOWSHIP APPLICATION

1. Applicant Information:

Full Name:	
Email Address:	
Telephone:	
Mailing Address:	

2. Letter of Intent: Please attach a one-page letter of intent explaining why you want to pursue a fellowship in Complex Care. Please include a description of your career goals, how the fellowship may assist in achieving them, prior experiences relevant to complex care, and scholarly/research interests.

3. Curriculum Vitae: Please provide an updated CV with your application.

4. References: Please provide three letters of recommendation. Current residents and applicants who have completed their training within the past five years should list their Residency Program Director, and two other (current) references of their choice. References should email letters directly to the program coordinator at the address below.

Reference 1:

Name:	
Contact Information:	

Reference 2:

Name:	
Contact Information:	

Reference 3:

Name:	
Contact Information:	

SIGNED

DATE

PLEASE RETURN COMPLETED APPLICATION TO:

Laura Nealon
Program Administration Manager, Division of General Pediatrics
Boston Children's Hospital
300 Longwood Avenue, Boston MA, 02115
Laura.Nealon@childrens.harvard.edu

DISCLOSURES AND ACKNOWLEDGEMENTS - Boston Children's Hospital is an Equal Opportunity Employer. Qualified applicants will receive consideration for employment without regard to their race, color, religion, national origin, sex, sexual orientation, gender identity, protected veteran status or disability.

LIE DETECTOR TEST - It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. Boston Children's Hospital does not administer lie detector tests as a condition of employment or continued employment.

By submitting my application, I confirm and acknowledge the following:

- The information provided by me on this application is true, accurate and complete. I understand that if Boston Children's Hospital becomes aware that I have provided incorrect, false or misleading information or made material omissions of fact during the application process, Boston Children's Hospital may disqualify me from further consideration for employment, withdraw my job offer, refuse employment or take disciplinary action, including dismissal.
- If I am applying for a position that requires licensure and/or certification, I have or will have such licensure and/or certification by the time I start.
- This application carries no promise of employment.
- Any offer of employment will be conditioned upon satisfactory and complete education and reference checks. Boston Children's Hospital has authority to contact the educational institutions identified by me on this application and/or on my resume to confirm the accuracy of the information which I have provided. Boston Children's Hospital has authority to contact the references I provide and the supervisors identified as contactable in this application, to make all inquiries appropriate and necessary to ensure thorough reference checks (including but not limited to inquiring about duties, responsibilities, reason for leaving, employment history and other qualifications for employment), and I release Boston Children's Hospital from any liability in connection with these reference checks.
- Employment at Boston Children's Hospital is conditioned upon completion and review of a Criminal Offender Record Information (CORI) check.
- If hired, I will provide no later than my first day of hire proof of my identity and valid proof of legal work authorization in accordance with federal law. I understand that I will not be permitted to begin work until such proof is furnished.