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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. DEMOGRAPHIC INFORMATION** | | | | | | | | | | | | | | | **Date:** | | | |  | | | | | | | | | | | | | | | | | | |
| **1. Name** | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | *Last* | | | | | | | | | | *First* | | | | | | | | | | | | *Middle* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Address** | | |  | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | |  | | | | | | |
|  | | | *Street* | | | | | | | *City* | | | | | | | | | | | | *State* | | | | | | *Zip* | | | *Country* | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Phone** | |  | | | | | |  | | | | | | | | | | | |  | | | **4.** | | |  | | | | | | | | | | | |
|  | | *Day* | | | | | | *Evening* | | | | | | | | | | | |  | | |  | | | *Current PGY Level* | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.** |  | | | | | | | | | | | | | | | | | | |
|  | *Email* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B. COLLEGE AND MEDICAL SCHOOL EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | *Institution* | | | | | | | | *Degree* | | | | | | | | | | | | | *Date* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.** |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | *Institution* | | | | | | | | *Degree* | | | | | | | | | | | | | *Date* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.** |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | *Institution* | | | | | | | | *Degree* | | | | | | | | | | | | | *Date* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. REFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | *Name* | | | | | | | | *Phone* | | | | | | | | | | | | | *Email* | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **2.** |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | *Name* | | | | | | | | *Phone* | | | | | | | | | | | | | *Email* | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **3.** |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | *Name* | | | | | | | | *Phone* | | | | | | | | | | | | | *Email* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D. HOSPITAL AND CLINICAL EXPERIENCE (PGY-2 and PGY-3 Applicants)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | |
|  | *Institution* | | | | | | *Position (PGY Level)* | | | | | | | | | | | | *From (date)* | | | | | | | | | | | | | | *To (date)* | | | | |
|  |  | | | |  | |  | | | | | | | | | |  | |  | | | | | | | | | |  |  | | | |  |  | | |
| **2.** |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | |
|  | *Institution* | | | | | | *Position (PGY Level)* | | | | | | | | | | | | *From (date)* | | | | | | | | | | | | | | *To (date)* | | | | |
|  |  | | | |  | |  | | | | | | | | | |  | |  | | | | | | | | | |  | | |  | |  | | |  | |
| **3.** |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | |
|  | *Institution* | | | | | | *Position (PGY Level)* | | | | | | | | | | | | *From (date)* | | | | | | | | | | | | | | *To (date)* | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E. LICENSURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** |  | | | | |  | **2.** |  | | | | | | | | | | | | |  | **3. Type** | | | | | | Permanent | | | | | | | |  | |
|  | *State* | | | | |  |  | *Number* | | | | | | | | | | | | |  |  | | | | | | Limited | | | | | | | |  | |
|  |  | | | | | |  |  | | | | | | | | | | | | |  |  | | | | | | None | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.** |  | | | | | | | | | | | |  | | | **5.** | |  | | | | | | | | | | | | | | | | | | | |
|  | *Sponsoring Hospital* | | | | | | | | | | | |  | | |  | | *Expiration Date* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6.** | **Educational Council for Foreign Medical Graduates** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Graduates of medical schools outside the US and Canada who will treat patients are required to be ECFMG certified. If you are certified, please enclose a photocopy of your standard certificate.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | *Certificate number* | | | | | | | | | | | |  | | | *Date of exam* | | | | | | | | | | | | | | | | | | | | | |
| *All physicians must hold a Massachusetts medical license to treat patients at Children’s Hospital.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **F. CITIZENSHIP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Are you a US citizen?** | | | | Yes | | |  | |  | | **2. Do you have a US visa?** | | | | | | | | | | | | | | | | Yes, type: | | | | | | | | | | |
|  | | | | No | | |  | |  | |  | | | | | | | | | | | | | | | | No | | |  | | | | | | | |
|  | | | |  | | |  | |  | |  | | | | | | | | | | | | | | | | N/A | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. What type of visa will you hold while at BCH?** | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. Are you in the US on an Exchange Visitor program?** | | | | | | | | | | | | | | | | | | | Yes, sponsor: | | | | | |  | | | | | | | | | | | | |
| *If yes, please give the name and program number of your present sponsor.* | | | | | | | | | | | | | | | | | | | No | | | | | |  | | | | | | | | | | | | |
| N/A | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |

To submit your application for consideration, please mail this completed application along with the following items to:

1. Three letters of recommendation: one from each of your references listed on this application

2. One letter of recommendation from medical school Dean

3. Medical school transcripts

4. A list of publications (optional)

5. Photograph (optional)

Attn: Program Director, Pediatric Nephrology Fellowship Program

Boston Children’s Hospital

Division of Nephrology

300 Longwood Ave

Boston, MA 02115

Please direct any questions to Division of Nephrology.

Phone: 1-617-355-6129

Fax: 1-617-730-0569