

PEDIATRIC FELLOWSHIP APPLICATION

University Hospitals
Case Medical Center
Department of Anesthesiology
11100 Euclid Avenue
Cleveland, OH 44106-5007

NAME: _____ SSN: _____
Last First Middle Social Security Number
PROGRAM: PGY5 Other Effective Date:
Fellowship: _____

EDUCATION

Medical School _____ City/State _____ Graduation Date _____ Degree _____

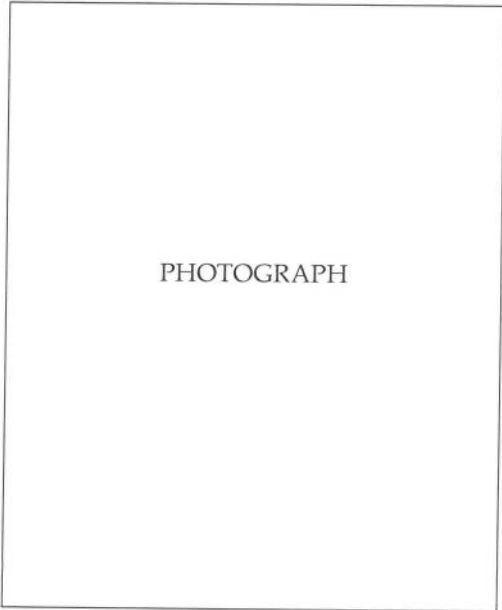
Undergraduate _____ City/State _____ Graduation Date _____ Degree _____

List any residency and/or hospital appointments since graduation:

LICENSE INFORMATION

Licensed in: _____ State _____ License Number: _____

USMLE Part I _____ Date _____ Flex: _____ Date _____
Part II _____ Date _____
Part III _____ Date _____ ECFMG # _____



Permanent Address _____
City/State/Zip _____
Telephone _____
Present Address _____
City/State/Zip _____
Telephone _____
Signature _____ Date _____

CITIZENSHIP

Country of citizenship: _____ If not US citizen: _____

Type of Visa: _____ Do you intend to apply for US citizenship? Yes No

NOTE: Only J-Visa, permanent resident or US citizenship accepted.

GENERAL HEALTH

Describe your general health: _____

Is there any reason that you could not perform the essential functions of a resident physician in the training program of the Department of Anesthesiology, with or without accommodation?

Yes No If yes, please explain: _____

APPLICATION PROCESS

First year appointments are made through the National Residency Matching Program. CA-1/PG-2 appointments can be made outside NRMP for current interns. All applicants should forward completed applications including: updated curriculum vitae, three (3) letters of reference from current supervisors (physician or scientists), Dean's letter, a certified copy of medical school transcript to:

Pediatric Anesthesia Fellowship Coordinator
Department of Anesthesiology
University Hospitals Case Medical Center
11100 Euclid Avenue
Cleveland, OH 44106-5007
216/844-7340 phone
216/844-3781 fax