**PEDIATRIC HOSPITAL MEDICINE FELLOWSHIP PROGRAMS**

**COMMON APPLICATION**

**AY 2015-16**

* Akron Children’s Hospital
* Baylor College of Medicine/Texas Children’s Hospital
* Boston Children’s Hospital
* Children’s Healthcare of Atlanta/Emory
* Children’s Hospital at Montefiore
* Children’s Hospital Los Angeles
* Children’s Hospital of Philadelphia
* Children’s Mercy Kansas City
* Children’s National Health System
* Cincinnati Children’s Hospital Medical
* Cleveland Clinic Children’s Hospital
* Dell Children’s Medical Center
* Harbor-UCLA Medical Center
* Helen DeVos Children’s Hospital
* Kaiser Oakland Medical Center
* Maimondes Infants & Children’s Hospital
* Mattel Children’s Hospital at UCLA
* Medical University of South Carolina
* Miami Children’s Health System/Nicklaus Children’s Hospital
* Phoenix Children's Hospital
* Rainbow Babies &Children’s Hospital/Case Medical Center
* Riley Hospital for Children at Indiana University Health
* Stanford University Lucile Packard Children’s Hospital
* Tufts University School of Medicine/Floating Hospital for Children
* University of Alabama at Birmingham/Children’s of Alabama
* University of California San Diego/Rady Children’s Hospital
* University of California San Francisco Benioff Children’s Hospital
* University of Colorado School of Medicine/Children’s Hospital of Colorado
* University of Utah/Primary Children’s Hospital
* Hospital for Sick Children

# Profile

First Name: Click here to enter text. Middle Name: Click here to enter text.

Last Name: Click here to enter text. Suffix: Click here to enter text.

Previous Last Name: Click here to enter text.

Contact Email: Click here to enter text.

# Mailing Address

Street Address: Click here to enter text.

City: Click here to enter text. State/Province: Click here to enter text.

Zip/Postal Code: Click here to enter text.

Phone: Click here to enter text.

# Citizenship

US Citizen

US Resident

Other: Click here to enter text.

If you are a foreign national, outside the US, or currently in the US in valid visa status, please respond:

Will you need a “visa sponsorship” through the teaching hospital (J1, H1B, etc.) in order to participate in US fellowship training?

Yes No If yes, please specify type of Visa: Click here to enter text.

Programs that accept Visa applicants:

* Boston Children’s Hospital
* Children’s Hospital Los Angeles
* Children’s Mercy Kansas City
* Cincinnati Children’s Hospital Medical
* Cleveland Clinic Children’s Hospital
* Hospital for Sick Children

# USMLE/COMLEX/ECFMG/TOEFL Scores

USMLE:

Step 1: Click here to enter text.

Step 2 CK: Click here to enter text.

Step 2 CS: Click here to enter text.

Step 3: Click here to enter text.

# COMLEX:

Level 1: Click here to enter text.

Level 2 CE: Click here to enter text.

Level 2 PE: Click here to enter text.

Level 3: Click here to enter text.

# ECFMG:

Score: Click here to enter text.

TOEFL:

Score: Click here to enter text.

# Licensure Information

Has your medical License ever been suspended / revoked/ voluntarily terminated?

Yes No If yes, please enter date: Click here to enter date.

If yes, please comment: Click here to enter text.

Have you ever been named in a malpractice case?

Yes No If yes, please comment: Click here to enter text.

Is there anything in your past history that would limit your ability to be licensed or would limit your ability to receive hospital privileges?

Yes No If yes, please comment: Click here to enter text.

Have you ever been convicted of a misdemeanor in the United States?

Yes No If yes, please comment: Click here to enter text.

Have you ever been convicted of a felony in the United States?

Yes No If yes, please comment: Click here to enter text.

# Board Certification

Are you Board Certified? Yes No

If no, are you Board Eligible? Yes No

Board Name: Click here to enter text.

If Board certified/eligible for more than one Board:

Are you Board Certified? Yes No

If no, are you Board Eligible? Yes No

Board Name: Click here to enter text.

# Medical Licenses

This section allows entries for each of your state medical licenses.

None

## Entry 1

State: Click here to enter text.

License Type: Click here to enter text.

License Number: Click here to enter text.

Expiration Month / Year: Click here to enter date.

## Entry 2

State: Click here to enter text.

License Type: Click here to enter text.

License Number: Click here to enter text.

Expiration Month / Year: Click here to enter date.

# DEA Number

DEA Registration Number: Click here to enter text.

Expiration Month/Year: Click here to enter date.

*Note: DEA is for US Medical License holders only*

# Miscellaneous

Are you able to carry out the responsibilities of a fellow in Pediatric Hospital Medicine and at the specific training program to which you are applying, including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations?

Yes No No Response

If no, please comment: Click here to enter text.

Was your medical education / training extended or interrupted?

Yes No If yes, please comment: Click here to enter text.

# Letters of Recommendation

Please provide three letters of recommendation. If within 5 years of residency training, one of these letters must be from your residency program director. Your letter writers can send their letters directly by e-mail to the Program Director at the address listed below in the Appendix.

## Reference 1

Name & Contact Information:

Click here to enter text.

## Reference 2

Name & Contact Information:

Click here to enter text.

## Reference 3

Name & Contact Information:

Click here to enter text.

# Personal Statement

Please write a one page personal statement explaining why you want to do a fellowship in Pediatric Hospital Medicine. Please include a description of your career goals, how the fellowship may assist you in achieving them, and how you envision your career five years after completion of this fellowship.

Click here to enter text.

# Attestation

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position; or if employed, may constitute cause for termination from the program. I also understand and agree that the data included in this application may be shared within the fellowship programs to which I am applying.

Click agree and enter your name/date below.

Agree

Click here to enter name.

Click here to enter a date.

**Checklist for Submission**

This completed application form emailed directly to the Fellowship Program Director at the email address listed in appendix 1

An updated CV emailed directly to the Fellowship Program Director at the email address listed in the appendix below.

Three Letters of Recommendation to be sent directly by letter writer to the Program Director. If a current resident, one letter must be from your current Program Director.

Appendix:

| Institution | Contact Name | Contact Email | Phone |
| --- | --- | --- | --- |
| Akron Children's Hospital | Jeffrey D. Solomon, MD | jsolomon@chmca.org | 330-543-4440 |
| Baylor College of Medicine/Texas Children’s Hospital | Joyee G. Vachani, MD, M.Ed  Michelle A. Lopez, MD, MPH  Charmaine Savage, Coordinator | jgvachan@texaschildrens.org  malopez@texaschildrens.org  cxsavage@texaschildrens.org | 832-824-5528  832-824-6044  832-824-5829 |
| Boston Children's Hospital | Christopher P. Landrigan, MD, MPH | clandrigan@partners.org | 617-355-2568 |
| Children's Healthcare of Atlanta Emory University School of Medicine | Anjali Kirpalani MD Patricia Lantis, MD, Tasha Mohamed, Coordinator | akirpa2@emory.edu patricia.lantis@choa.org tasha.mohamed@choa.org |  |
| Children's Hospital at Montefiore | H. Helen Rhim, MD, MPH | hrhim@montefiore.org |  |
| Children's Hospital Los Angeles | Jennifer Maniscalco MD MPH | jmaniscalco@chla.usc.edu | 323-361-4975 |
| Children’s Hospital of Philadelphia | Deb Hillman, CPCE Prog. Mrg. | hillman@email.chop.edu |  |
| Children's Mercy Kansas City | Mary Ann Queen, MD  Jessica Bettenhausen, MD | mqueen@cmh.edu  jlbettenhausen@cmh.edu | 816-802-1493 |
| Children's National Health System | Neha H Shah, MD, MPH  Yo’Lauder Holt, Coordinator | Nshah@childrensnational.org  yholt@childrensnational.org | 202-476-4835  202-476-5014 |
| Cincinnati Children's Hospital Medical Center | Karen Jerardi, MD, Med  Brandy Morris, Coordinator | karen.jerardi@cchmc.org  brandy.morris@cchmc.org | 513-636-9349  513-636-1945 |
| Cleveland Clinic Children’s Hospital | Sarah Spurbeck, Coordinator | spurbes@ccf.org | 216-444-6003 |
| Dell Children's Medical Center | Jayne Truckenbrod DO  Mark W Shen MD | jtruckenbrod@seton.org  mshen@seton.org |  |
| Harbor-UCLA Medical Center | Paul Fu, Jr., MD, MPH | pfu@harborpeds.org | 310-222-8088 |
| Helen DeVos Children’s Hospital | Jeri Kessenich, MD  Deb Crisman, Coordinator | Jeri.Kessenich@helendevoschildrens.org  Deborah.crisman@spectrumhealth.org |  |
| Kaiser Oakland Medical Center | Ritu Patel, MD Heather Caputo, MD | ritu.j.patel@kp.org Heather.L.Caputo@kp.org | 510-752-2165 |
| Maimonides Infants and Children’s Hospital of Brooklyn | Jeremiah Cleveland, MD  Aesha Diggs, Coordinator | JCleveland@maimonidesmed.org  ADiggs@maimonidesmed.org | 718-283-7503 |
| Mattel Children's Hosptial at UCLA | Andranik Madikians, MD | AMadikians@mednet.ucla.edu | 310-825-9124 |
| Medical University of South Carolina | William T Basco MD | bascob@musc.edu | 843-876-8512 |
| Miami Children's Health System/ Nicklaus Children’s Hospital | Melissa Clemente, MD  Maria Behnam-Terneus, DO | melissa.clemente@mch.com Maria.Behnam-Terneus@mch.com | 305-668-5500 |
| Phoenix Children's Hospital | Daxa P. Clarke, MD  Jaime Librizzi, MD  Vincent Curley, Coordinator | dclarke@phoenixchildrens.com  vcurley@phoenixchildrens.com | 602-933-2121  602-933-0777 |
| Rainbow Babies and Children's Hospital/Case Medical Center | Erin Frank, MD | erin.frank@uhhospitals.org | 216-844-8260 |
| Riley Hospital for Children at Indiani University Health | Laurie Wilkie, MD  Kim Schneider, MD | lwilkie@IUHealth.org kschneider@iuhealth.org | 317-948-2700 |
| Stanford University Lucile Packard Children's Hospital | Becky Blankenburg MD MPH  Carrie Rassbach MD | rblanke@stanford.edu  crassbac@stanford.edu | 650-497-8979 |
| Tufts University School of Medicine Floating Hospital for Children | Elisabeth Schainker MD | eschainker@tuftsmedicalcenter.org |  |
| University of Alabama at Birmingham/Children's Hospital of Alabama | Sridaran Narayanan, MD | snarayanan@peds.uab.edu | 205-638-9922 |
| University of California San Diego Rady Children's Hospital | Erin Stucky Fisher, MD MHM Billye Ingle, Coordinator | bingle@rchsd.org | 858-966-5841 |
| University of California San Francisco Benioff Children's Hospital | Darren Fiore, MD | fiored@peds.ucsf.edu | 415-476-9180 |
| University of Colorado School of Medicine/Children’s Hospital Colorado | Karen Wilson, MD, MPH | Karen.wilson@childrenscolorado.org | 720-777-5096 |
| University of Utah Primary Children's Medical Center | Chris Maloney, MD, PhD | chris.maloney@hsc.utah.edu | 801-662-3657 |
| The Hospital for Sick Children | Michelle Shouldice MD  Sanjay Mahant MD MSc  Sarah Schwartz MD | paedmed.fellowship@sickkids.ca |  |