

Post Pediatric Portal Program Application Checklist

Eligibility Requirement: At this time, we are only able to accept applicants who are U.S. citizens or lawful permanent residents (green card holders).

Application Timeline: Applications are reviewed on a rolling basis. To ensure full consideration for an interview, all required materials should be received by April 1 of the year prior to the intended start date.

- Completed, signed, and dated application
- Personal statement
- Current curriculum vitae (CV)
- Three letters of recommendation, sent directly by the letter writers:
 - If you completed pediatric residency within the past 3 years, one letter must be from your residency program director (or their current designee).
 - If you completed pediatric residency more than 3 years ago, one letter must be from your current or most recent supervisor.
 - Two additional letters must be specific to the Post Pediatric Portal Program and written by attending physicians with whom you have worked.
- Copy of medical school diploma
- Official medical school transcripts (with English translation, if applicable), sent directly by the issuing institution
- Medical school Dean's letter
- Official USMLE or COMLEX transcripts, sent directly by the FSMB or NBOME
Applicants must have passed Step 3 to be considered for an interview
- Residency certificate of completion (if available)

For International Medical Graduates (IMGs)

- ECFMG Certificate

Return all documents to Marquita.Dickerson@UHhospitals.org

Marquita N. Dickerson
Associate GME Program Administrator
Department of Psychiatry
W.O. Walker Building – 8th Floor
10524 Euclid Avenue



Application for Post Pediatric Portal Program

Applications should be typed or printed. Please include all items listed in the Application Checklist (final page of application) with your completed application. Following receipt of your completed application and checklist materials, you will be notified if a personal interview is requested.

Name:	Date of Birth:
Address (Home):	Phone:
Professional Email:	Citizenship:
Personal Email:	SSN:

Education and Post Graduate Training:

	School or Program	Location	Start Date	Graduation Date	Degree or Specialty
Undergraduate					
Medical School					
Internship					
Residency					
Other (if applicable)					

Post Residency Employment (if applicable):

Position	Location	Start Date	End Date	Reason for leaving

If additional space is needed, please document on a separate sheet of paper and attach to application.

International Medical Graduates only:

ECFMG Certificate No: _____

Attach copy of certificate or interim certificate.

State or Professional Licensure:

State/ Province	License Type	License #	License Status (indicate active or inactive)	Issue Date

Board Certification:

Name of Board	Certificate #	Issue Date

Examination History:

Examination	Date Taken (mm/yyyy)	Pass or Fail	Number of Attempts
USMLE Step 1			
USMLE Step 2 CK			
USMLE Step 2 CS			
USMLE Step 3			
COMLEX Level 1			
COMLEX Level 2 CE			
COMLEX Level 2 PE			
COMLEX Level 3			

Additional Information:

- Have you had any interruptions or gaps in your education, training, or employment? No Yes

If yes, please describe the nature and duration of the interruption(s) on a separate page.

- Do you require any accommodations to perform the essential functions of a resident physician in the University Hospitals of Cleveland training program? No Yes

If yes, please attach a separate page describing the requested accommodation(s) and how they would support your ability to perform the essential functions of the position.

PHOTO – A recent photograph (in color, passport size is not a requirement but is very helpful.)



Signature: _____

Date: _____