

Common Application: Advanced Fellowship in Pediatric Cardiac Critical Care

I hereby apply for appointment as a Trainee at _____ for _____ months, beginning _____.

PLEASE APPOINTMENT DESIRED:

Clinical Fellow, Pediatric Cardiac Intensive Care

Contact Information:

Name: _____
Previous Last Name: _____
Email: _____
Birth Date: _____
Contact Address: _____
Permanent Mailing Address: _____
Preferred Phone #: _____ Cell Home
Gender Male Female Non-binary Prefer not to answer

Citizenship:

- U.S. Citizen
- Canadian citizen
- Non-U.S. Citizen residing in the U.S. - Please indicate one of the following:
 - Permanent Resident - *no visa required*
 - Conditional Permanent Resident - *no visa required*
 - Pending Applicant for Permanent Resident - *visa may be required*
 - Refugee/Asylum/Displaced Person - *no visa required*
 - Foreign National Residing Outside of the U.S.
 - Foreign National Currently in the U.S. with valid visa status

If you are a foreign National, outside the U.S. or currently in the U.S. in valid visa status, please respond:
Select all that may apply from the list below:

- B-1 – Temporary Visitor for Business
- F-1 – Academic Student
- H-1B – Temporary Worker in a Specialty Occupation
- J-1 – Exchange Visitor
- O-1 – Person of Extraordinary Ability in science, arts, education, business or athletics
- TN – NAFTA Trade for Canadians and Mexicans

Will you need “visa sponsorship” through ECFMG or the teaching hospital in order to participate in advanced fellowship training in the United States? Select one:

- Yes, Please select one: H1-B or J-1 No Uncertain

International Medical Graduates (IMGs) only:

Are you certified by the Educational Commission for Foreign Medical Graduates (ECFMG)?

- Yes, Month: _____ Year: _____ No

Language Proficiency:

Language: _____
Language Proficiency: Native/functionally native Advanced Good

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**Language Proficiency Descriptions:*

Native/functionally native - I converse easily and accurately in all types of situations. Native speakers, including the highly educated, may think that I am a native speaker, too.

Advanced - I speak very accurately, and I understand other speakers very accurately. Native speakers have no problem understanding me, but they probably perceive that I am not a native speaker.

Good - I speak well enough to participate in most conversations. Native speakers notice some errors in my speech or my understanding, but my errors rarely cause misunderstanding.

Miscellaneous Demographic Information:

Please provide your current **veteran status**:

Active Military Duty Reservist Veteran (Prior Service) Veteran (Retired) Not a Veteran

Are you committed to fulfill U.S. military active duty service obligations/deferments?

Yes, Years: _____ Branch: _____ No

Do you have any other service obligations? (i.e., Military Reserves or Public Health/State programs)

Yes, _____ No

Education (include only higher education):

For each non-medical educational institution you have attended, please provide the requested information.

Institution #1: _____
Location: _____
Education Type: Undergraduate Graduate Other
Field of Study: _____
Degree expected or earned: Yes, Degree: _____ No
Dates of Attendance: From: (M/Y) _____ To: (M/Y) _____

Institution #2: _____
Location: _____
Education Type: Undergraduate Graduate Other
Field of Study: _____
Degree expected or earned: Yes, Degree: _____ No
Dates of Attendance: From: (M/Y) _____ To: (M/Y) _____

Medical Education and Current/Prior Medical Training:

Was your medical education/training extended or interrupted?

No Yes, Reason: _____

During any prior graduate medical education, were you ever disciplined or placed on probation by any licensing body, institution, or training program?

No Yes, Reason: _____

Institution #1: _____
Location: _____
Degree expected or earned: Yes, Degree: _____ No
Dates of Attendance: From: (M/Y) _____ To: (M/Y) _____

Institution #2: _____
Location: _____
Degree expected or earned: Yes, Degree: _____ No
Dates of Attendance: From: (M/Y) _____ To: (M/Y) _____

For each residency or fellowship training position you have held or currently are in, regardless of the amount of time spent there, please provide the requested information.

None

Type of Training: Residency Fellowship Chief Resident
Specialty: _____
Institution/Program: _____
Location: _____
Program Director: _____
Dates of Training: From: (M/Y) _____ To: (M/Y) _____

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Dates of Training: From: (M/Y) _____ To: (M/Y) _____

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Program Director: _____
Dates of Training: From: (M/Y) _____ To: (M/Y) _____

Examinations: (ex. USMLE Step 1, NBME Part 1, COMLEX Step 1, LMCC Part 1, LMCC Part 2, etc.)

For each examination you have taken, please provide the requested information.

Exam: _____
Month: _____ Year: _____
Score: _____ Passed Failed Awaiting Results Will Take Incomplete

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Month: _____ Year: _____
Score: _____ Passed Failed Awaiting Results Will Take Incomplete

Exam: _____

Month: _____ Year: _____
Score: _____ Passed Failed Awaiting Results Will Take Incomplete

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Month: _____ Year: _____
Score: _____ Passed Failed Awaiting Results Will Take Incomplete

Board Certification Information:

Are you Board or Royal College of Physicians and Surgeons of Canada Certified? No Yes

Board Name: _____ Year _____

Board Name: _____ Year _____

Board Name: _____ Year _____

DEA Registration Information:

Not applicable, or

DEA Registration Number: _____ (if applicable)

Expiration Month: _____ Expiration Year: _____

Licensure Information:

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

No Yes, Reason _____

Do you have any recent or ongoing malpractice findings where your practice has been criticized or rebuked?

No Yes, Reason _____

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

No Yes, Reason _____

For each state license you have, please provide the requested information.

Not Applicable, or

Entry 1:

State/Province: _____

License Type: Full Temporary/ Limited Inactive

License Number: _____

Expiration Month: _____ Expiration Year: _____

Entry 2:

State/Province: _____

License Type: Full Temporary/ Limited Inactive

License Number: _____

Expiration Month: _____ Expiration Year: _____

Entry 3:

State/Province: _____

License Type: Full Temporary/ Limited Inactive

License Number: _____

Expiration Month: _____ Expiration Year: _____

Are you able to carry out the responsibilities of a fellow in the specialties and at the specific training programs 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, Reason: _____

The following is required to support your application:

- Curriculum vitae
- Three letters of recommendation. One letter should be from the Director of your most recent/current Fellowship Training Program or from the medical director at the institution you are currently practicing.
- Personal statement
- Copy of medical diploma

Please contact the program directly for information about any additional application requirements.

The application may be submitted beginning July 1.

I certify that the information contained within my application and all attachments and supplemental information is complete and accurate to the best of my knowledge. I attest to the correctness and completeness of all information furnished. I understand that any false or missing information may disqualify me from consideration for a position.

I authorize a representative of the program to which I have applied to consult anyone who may have information bearing on my competence, ethics, character and other qualifications.

I consent to the inspections, copying, and release of all records and documents that may be material to evaluation of my competence, ethics, character and other qualifications.

I release from any liability, to the fullest extent permitted by law, all individuals and organizations who provide information in good faith regarding my competence, ethics, character, and other qualifications, including otherwise confidential information.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

*****Offers to interview and interview scheduling will be made through the specific program offices.*****

Please send this application and all additional required information to the specific programs to which you are interested in applying.

Programs with open positions who are accepting the common application form and participating in the common application cycle are listed below.

Pediatric Cardiac Critical Care Advanced Fellowship Programs

Ann & Robert H. Lurie Children's Hospital

Director: Karl Migally

kmigally@luriechildrens.org

Coordinator: Brittany Dixon

bdixon@luriechildrens.org

Arkansas Children's Hospital

Director: Rupal Bhakta

bhaktarupalt@uams.edu

Boston Children's Hospital

Director: Sarah Teele

Sarah.teele@cardio.chboston.org

Children's Healthcare of Atlanta

Director: Susi Hupp

hupps@kidsheart.com

Children's Hospital of Alabama

Director: Leslie Rhodes

lrhodes@peds.uab.edu

Children's Hospital Colorado

Director: Carly Scahill

carly.scahill@childrenscolorado.org

Children's Hospital Los Angeles

Director: Shilpa Shah

shishah@chla.usc.edu

Children's Hospital of Philadelphia

Director: Jodi Chen

chenjo@chop.edu

Children's Hospital of Pittsburgh

Director: Matthew Bochkoris

Matt.Bochkoris@chp.edu

Children's Hospital of Wisconsin

Director: Adam Szadkowski

aszadkowski@mcw.edu

Children's National Health System

Director: Sherrill Caprarola

sgutierr@childrensnational.org

Cincinnati Children's Hospital

Director: David Cooper

David.Cooper@cchmc.org

C.S. Mott Children's Hospital

Director: Nathaniel Sznycer-Taub

nsznycer@med.umich.edu

Lucile Packard Children's Hospital Stanford

Director: Loren Sacks

lsacks@stanford.edu

Nicklaus Children's Hospital

Director: Madalsa Patel

Madalsa.Patel@Nicklaushealth.org

Phoenix Children's Hospital

Director: Nicholas Huggins

nhuggins@phoenixchildrens.com

Riley Hospital for Children

Director: Mouhammad Yabrodi

myabrodi@iu.edu

Coordinator: Melissa Bales

melbales@iupui.edu

Stollery Children's Hospital

Director: V. Ben Sivarajan

sivaraja@ualberta.ca

Texas Children's Hospital

Director: Ronald Bronicki

bronicki@bcm.edu

The Hospital for Sick Children

Director: Alejandro Floh

alejandro.floh@sickkids.ca

Washington University/St. Louis Children's

Director: Tara Neumayr

neumayr_t@wustl.edu