

**APPLICATION FOR FELLOWSHIP IN PEDIATRIC INFECTIOUS DISEASES
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
ST. LOUIS CHILDREN'S HOSPITAL**

Return completed application to:

Pamela Wilson
Fellowship Training Program Coordinator
Pediatric Infectious Diseases
660 South Euclid Ave., Campus Box 8208
St. Louis, MO 63110
(314) 286-2778
wilson_p@kids.wustl.edu

Anticipated Starting Date

- July 2010
- July 2011

1. Personal Information

Name: First MI Maiden Last

Permanent address _____

Temporary address where you may be reached (if applicable) _____

_____ home cell _____ Fax E-mail

Date of birth: _____ Social security number: _____

Citizenship: _____ Military or other commitments (dates) _____

Do you know anyone taking pediatric training at this institution now or in the past? _____

2. Education

College _____ Major _____ Date of Graduation _____ Degree _____

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Medical School _____ Location _____ Date of Graduation _____ Degree _____

Graduate School _____ Location _____ Date of Graduation _____ Degree _____

FOREIGN PHYSICIANS OR GRADUATES OF FOREIGN MEDICAL SCHOOLS:

Graduates of Foreign Medical Schools must possess an ECFMG certificate to be eligible for appointment to this Hospital. Please send a copy with your application and a copy of your medical school diploma

Present Citizenship	Type of Visa	Date entered USA	ECFMG Number	FMGEMS taken
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3. Training

Internship	Institution	Location	Dates
Residency	Institution	Location	Dates
Chief Residency	Institution	Location	Dates
Other	Institution	Location	Dates

4. Supplementary Documents

Please include the following with your application form:

- A. One-page personal statement outlining your special interests within ID, career plans, and goals.
- B. Current curriculum vitae that includes honors, society memberships, and publications.

Please ensure that the following are sent to the Program Coordinator:

- A. Dean's letter from medical school
- B. Transcript of grades from medical school
- C. Letters from three (3) professional references (physicians, research advisors, or other mentors with whom you have worked during your medical and scientific training). At least one of these should be your residency program director. List the names of these references below.

Name	Institution	Location
Name	Institution	Location
Name	Institution	Location

All references and other documents must be received before candidates will be invited to schedule an interview.

VOLUNTARY INFORMATION

This information will NOT affect the review of your application

Are you a member of an underrepresented minority group?

The following racial/ethnic groups are considered to be underrepresented in health sciences:

- Hispanic or Latino, American Indian or Alaskan, Black or African American, and
- Native Hawaiian or Other Pacific Islander.

Do you have a physical or mental impairment that substantially limits you in one or more major life activities? _____

Do you come from a disadvantaged background (a family income below established low-income thresholds; social, cultural, or educational environment such as that found in certain rural or inner-city environments that directly inhibit individuals from obtaining knowledge, skills, and abilities necessary to develop and participate in a research career? _____

5. Certification

I certify that statements made in this application are correct to the best of my knowledge. I understand that any misrepresentation or omission of information in the application is cause for cancellation of the application or termination from the School of Medicine if employed.

Signature

Date

Equal Opportunity/Affirmative Action Employer