



FELLOWSHIP TRAINING PROGRAM IN PEDIATRIC HEMATOLOGY / ONCOLOGY

Date Submitted: _____ For Training Beginning: _____
(mm/dd/yy) (mm/dd/yy)

Biographical Information:

Full Name: _____ Gender: M F
(Last) (First) (Middle)

Permanent Address: _____

Present Address: _____

Telephone: _____
(Home) (Cell)
_____ (Work) (Pager)

Email: _____ Fax: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ Social Security Number: _____

For foreign citizens and/or graduates of foreign medical schools only:

Visa status: Type: _____ Date activated: _____ Valid through: _____

Do you plan to apply for US citizenship? _____

Additional comments: _____

College, Medical, and other Graduate Education:

1) Institution: _____

Location: _____
(City) (State) (Country)

Degree: _____ Major: _____ Date received: _____

2) Institution: _____

Location: _____
(City) (State) (Country)

Degree: _____ Major: _____ Date received: _____

3) Institution: _____

Location: _____
(City) (State) (Country)

Degree: _____ Major: _____ Date received: _____

Post Graduate Training:

Internship (PGY1): From: _____ To: _____
(dd/mm/yy) (dd/mm/yy)
Institution / Hospital: _____
Address: _____
Department: _____ Supervisor: _____

Assistant Residency (PGY2): From: _____ To: _____
(dd/mm/yy) (dd/mm/yy)
Institution / Hospital: _____
Address: _____
Department: _____ Supervisor: _____

Senior Residency (PGY3): From: _____ To: _____
(dd/mm/yy) (dd/mm/yy)
Institution / Hospital: _____
Address: _____
Department: _____ Supervisor: _____

Other Positions (in chronological order):

USMLE status (Enclose photocopy, if available):

Step 1: Date passed: _____ Score: _____ Valid through: _____
Step 2: Date passed: _____ Score: _____ Valid through: _____
Step 3: Date passed: _____ Score: _____ Valid through: _____

Licensure to Practice Medicine:

State: _____ Date granted: _____ License No: _____
State: _____ Date granted: _____ License No: _____

American Board of Pediatrics Certification (General Pediatrics):

Check one: Ineligible: _____ Eligible: _____ Failed: _____ Certified: _____
If certified: Certification number: _____ Date certified: _____
Comments: _____

Scientific experiences (including research) to date:

Publications:

Are there specific areas of hematology / oncology in which you are interested? Please highlight one or more of the following areas and comment if you wish.

| | | | |
|---|-----------------------------|----------------------------|------------------|
| Sickle Cell Anemia | Bleeding Disorders | Hypercoagulable State | End of Life Care |
| Bone Marrow Failure Syndromes | | Leukemia | Solid Tumors |
| Brain Tumors | Bone Marrow Transplantation | | Supportive Care |
| Carcinogenesis and Cancer Genetics | | Immune Responses in Cancer | |
| Adolescent & Young Adult Cancer Program | | Long-Term Survivorship | |

Additional Comments: _____

List names and affiliations of at least 3 references.

(Please request all references to be forwarded directly to Dr. Huang at the address below)

1. _____
2. _____
3. _____

Additional References: _____



Please also attach a) a full CV; b) medical school transcript; and c) a personal statement

The personal statement should provide additional insight into your application not otherwise reflected in your CV. Relevant topics may include: Why do you choose Pediatric Hematology / Oncology as a subspecialty, what are your career goals, how will training at Rainbow Babies & Children's Hospital help you reach these goals, description of prior basic science or clinical research training; skills you would bring to the fellowship, a personal experience with hematological disorders or cancer. Please limit your statement to 2 pages.

Please mail a hard copy or send an electronic copy of this form, a personal statement, CV and transcript to:

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University Hospitals Case Medical Center
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Cleveland, OH 44106-6054
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Application Deadline for 2010 Fellowship is March 15, 2009 !!!