



THE CHILDREN'S HOSPITAL OF PHILADELPHIA

34th Street and Civic Center Boulevard

Philadelphia, PA 19104-4399

Telephone (215) 590-1000

RESIDENCY, FELLOWSHIP, OBSERVER/VISITOR APPLICATION

Please attach recent photo

PLEASE DO NOT WRITE IN THIS SECTION
Appointment as
From 19 to 19

I hereby apply for appointment as a Graduate Medical Trainee or Observer/Visitor at Children's Hospital of Philadelphia for months, beginning (with vacation, depending on length of service, being provided at a time convenient to the hospital.)

PLEASE CHECK APPOINTMENT DESIRED

- Pediatric Level - 1, Pediatric Level - 2, Pediatric Level - 3, Dental Resident, Surgical Resident, Observer/Visitor, Clinical Fellow, Research Fellow, Other

Specialty

PLEASE TYPEWRITE OR PRINT

Name in Full, M.D., M.B.B.S., D.D.S., D.O., M.B.B.Ch., D.M.D.

Present Address

City, State, Zip, Country

Telephone, Beeper No.

E-Mail Address, Fax No.

Permanent Address

City, State, Zip, Country

Place of Birth, Date of Birth, Married, Single

Citizen of, U.S. Social Security No.

U.S. Unrestricted Medical License (attach copy) State, No.

Graduate Medical Training License (attach copy) State, No.

U.S. Licensing Exams passed (attach copy of scores for each exam): ECFMG English, TOEFL, Clinical Skills Assessment, LMCC, FLEX, State Board, FLEX I, FLEX II, NBME I, NBME II, NBME III, USMLE 1, USMLE 2, USMLE 3

INTERNATIONAL MEDICAL GRADUATES (attach copies of each document) ECFMG Certificate No., Type of Visa, Held, Needed

ANESTHESIA & CRITICAL CARE FELLOWS ONLY - attach copy of American Heart Assoc. Advanced Life Support Certification

12. PREMEDICAL EDUCATION College From To Degree

13. MEDICAL EDUCATION School From To Degree

14. HOSPITAL TRAINING Hospital and Location From To Degree
(DO NOT LIST ROTATIONS IN MEDICAL SCHOOL)

15. POSTGRADUATE EDUCATION (organized courses only):

16. Special training not already listed (assistantships, practice, etc.)

17. BOARD CERTIFICATION

Year	Specialty	Name of Board	Country of Issuing Board
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18. Additional information such as publications, summer work, extra curricular activities _____

19. REFERENCES: Communications concerning professional ability and personal qualifications must be sent under separate cover directly to The Children's Hospital of Philadelphia from the Dean of your medical school, and at least three competent, recognized physicians, preferably under whom you have served or been trained. Letters of recommendation must be requested by the applicant. List references below:

SIGNATURE OF APPLICANT _____ DATE _____

Return to: Office of Medical Affairs
The Children's Hospital of Phila.
34th and Civic Center Blvd.
CHOP North, Suite 1220
Philadelphia, PA 19104