

APPLICATION FOR POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF CALIFORNIA, SAN DIEGO

FOR YEAR _____

NAME

(LAST) (FIRST) (MIDDLE)

DATE AND PLACE OF BIRTH _____

MAILING ADDRESS AND TELEPHONE NUMBERS WHERE YOU CAN BE REACHED DURING DAYTIME HOURS.

(STREET) (CITY) (ZIP CODE)

HOME () _____ OFFICE () _____

E-MAIL _____ SOCIAL SECURITY NUMBER _____

U.S. CITIZENSHIP (PLEASE CIRCLE ONE): YES NO

PERMANENT U.S. RESIDENT (PLEASE CIRCLE ONE): YES NO

COLLEGE AND DEGREE: _____

MEDICAL SCHOOL: _____

MEDICAL TRAINING AND EXPERIENCE SINCE MEDICAL SCHOOL (USE ADDITIONAL SHEETS IF NECESSARY)

SPECIAL HONORS OR AWARDS:

ADDITIONAL PERTINENT SKILLS OR EXPERIENCE:

SCIENTIFIC PUBLICATIONS:

DO YOU CURRENTLY HAVE AN ACTIVE MEDICAL LICENSE? YES NO IF SO:

LICENSE NUMBER: _____ STATE: _____

ARE YOU CALIFORNIA BOARD ELIGIBLE OR CERTIFIABLE IN PEDIATRICS? _____

USMLE SCORES: Part 1 _____ Part 2 _____ Part 3 _____

(IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, PLEASE ATTACH A LETTER OF EXPLANATION FOR EACH INSTANCE.)

Have you ever had any disciplinary action taken against you? _____

Have you ever had your license revoked, stayed or curtailed? _____

Have you ever had any malpractice action taken against you? _____

If so, have you entered into any settlements arising from such action? _____

Have any insurance claims been paid out on your behalf? _____

Please ask a minimum of three individuals to write letters of recommendation commenting on your professional background, achievements, and potential. The letters should be addressed to the Chairman of Pediatrics and sent to the address listed below. Please list the names and addresses of your references here:

1. _____

2. _____

3. _____

I HEREBY CERTIFY THAT THE INFORMATION IN THIS APPLICATION PACKAGE IS COMPLETE AND ACCURATE. I UNDERSTAND THAT MISREPRESENTATION OF ANY PORTION OF THIS APPLICATION WILL BE CAUSE FOR CANCELLATION OF THE FELLOWSHIP.

SIGNATURE

DATE

NAME

LAST,

FIRST,

MIDDLE

NARRATIVE STATEMENT:

PLEASE DESCRIBE YOUR CAREER INTERESTS AND GOALS AND HOW THE FELLOWSHIP CAN ASSIST YOU IN ACHIEVING THEM. WHAT WOULD YOU LIKE TO BE DOING 5 YEARS AFTER YOU FINISH YOUR FELLOWSHIP? (TYPE OR PRINT IN THE SPACE PROVIDED BELOW. ATTACH AN ADDITIONAL SHEET, IF NECESSARY).

Mail your completed application to:

****NOTE** (Important)

The social security number will be used by the University to verify your identity. Disclosure of your social security number is mandatory. This notification is provided to you as required by the Federal Privacy Act of 1974. The University's record-keeping system relating to this application was established prior to January 1, 1975, pursuant to authority granted to the Regents of the University of California under Article IX, Section 9 of the California Constitution.

In accordance with applicable State and Federal laws, the University of California, San Diego, does not discriminate in any of its policies, procedures, or practices on the basis of race, color, national origin, religion, sex, handicap, age, veteran's status, medical condition (as defined in Section 12926 of the California Government Code), ancestry, or marital status; nor does the University discriminate on the basis of sexual orientation.

Inquiries regarding the University's equal opportunity policies may be directed to:

Vice Chancellor
Affirmative Action/Equal Opportunity Department
University of California, San Diego
9500 Gilman Drive, #0029
La Jolla, CA 92093-0029

For the UCSD Medical Center Terms and Conditions of Appointment for fellows, please visit the UCSD Medical Center Office of Graduate Medical Education web site at <http://medschool.ucsd.edu/ucsd-gme>.

FELLOWSHIP REFERENCE FORM

APPLICANT'S NAME _____

REFEREE'S NAME _____

FOR USE BY REFEREE. PLEASE TYPE. ATTACH A SEPARATE SHEET, IF NECESSARY.

RANKING OF CANDIDATE (PLEASE CIRCLE ONE): TOP 5% TOP 10% TOP 25% TOP 50%
REMARKS (PLEASE DESCRIBE CANDIDATE IN TERMS OF BASIC CLINICAL SKILLS; INTEREST/PRODUCTIVITY
UB RESEARCH; REPUTATION AS A TEACHER; AND OVERALL APTITUDE FOR PURSUING A SUCCESSFUL
ACADEMIC CAREER.)

Signature Date

Department Institution

Please return to: