



Boston Children's Hospital
Division of General Pediatrics



FELLOWSHIP APPLICATION

Please complete all sections below and attach your CV.

1. **NAME** _____

PREFERRED MAILING ADDRESS _____

TELEPHONE _____ FAX _____

EMAIL _____

APPLICATION FOR

- General Academic Pediatrics Fellowship
- Pediatric Environmental Health Fellowship

STARTING _____

2. **LICENSURE**

STATE _____ FULL LIMITED

STATE _____ FULL LIMITED

STATE _____ FULL LIMITED

3. **PLEASE INDICATE YOUR INTERESTS IN THE VARIOUS AREAS WITHIN GENERAL PEDIATRICS**

MAJOR INTEREST _____

OTHER INTEREST (PUT 1 FOR "STRONG" AND 2 FOR "MODERATE")

_____ () _____ ()

_____ () _____ ()

_____ () _____ ()

_____ () _____ ()

INTERESTS: SOME EXAMPLES	
Primary Care	Medical Education
Behavioral Problems	Advocacy
Special Needs	Health Care Mgmt.
Health Care	Legislation &
Economics	Public Policy
Quality Improvement	Environmental Health

PLEASE WRITE A BRIEF RESPONSE TO EACH OF THE FOLLOWING QUESTIONS ON SEPARATE SHEETS OF PAPER:

4. What prior experience have you had in general pediatrics, child advocacy or medical education? How has this influenced your life and career?
5. Please describe a particular problem or subject area in child health on which you would like to concentrate during your fellowship training.
6. Please describe any prior research experience. Describe or list any research questions that you would like to answer during the course of your fellowship.
7. What are your overall career goals? Describe what you would like to be doing professionally five years from now. How do you anticipate this fellowship will assist you in your plan?
8. **References.** *Please ask three references to write to Dr Mark A. Schuster, Chief for the Division of General Pediatrics. They should provide a knowledgeable assessment of your background and training, clinical abilities, teaching and leadership potential and capacity for research or other project activities. List their names, full addresses, and telephone numbers below. Current residents and those who have completed their training within the past five years should list their Department Chair, Directory of Residency Training, and one other (current) reference of their choice.*

NAME _____ PHONE _____

ADDRESS _____

CITY, STATE, ZIP _____

NAME _____ PHONE _____

ADDRESS _____

CITY, STATE, ZIP _____

NAME _____ PHONE _____

ADDRESS _____

CITY, STATE, ZIP _____

SIGNED _____ DATE _____

PLEASE RETURN COMPLETED FORM TO:

Gwendolyn Gilmer
 Division of General Pediatrics
 Children's Hospital Boston
 300 Longwood Avenue
 Boston, MA 02115
 Phone: 617-355-5010 Fax: 617-730-0633

