

APPLICANT PICTURE

**Application for Fellowship, July 1, 2010 to June 30, 2013
Division of Pediatric Hematology/Oncology
Hasbro Children's Hospital, Rhode Island Hospital
Warren Alpert Medical School at Brown University
Providence, RI 02903**

Biographical Data:

Full Name _____ Date Of Birth _____ Place of Birth _____

Address (Permanent or Home) _____

Address (Present or Mailing) _____

Email address _____

Telephone: Home _____ Cellular _____

Preferred method of communication _____

US Citizenship Yes No If no, then Country of Origin _____ Visa Status _____ Visa # _____

ECFMG # _____ Date valid _____

Social Security No. _____ NRMP # _____

Second Language? _____

Education:

Premedical College _____ Degree _____ Dates Attended _____

Graduate _____ Degree _____ Dates Attended _____

Medical School _____ Degree _____ Dates Attended _____

USMLE: Grade Step 1 _____ Grade Step 2 _____ Grade Step 3 _____

Training:

Internship: Hospital _____ City _____ Dates Attended _____

Residency: (if any) Hospital _____ City _____ Dates Attended _____

Staff Positions: (if any) Hospital _____ City _____ Dates Attended _____

Licensed to practice in which states _____

Board certification (if any) _____ If not certified, expected date of exam _____

Research, Publications, Special Training (i.e. MPH)

Membership in Organizations (Professional and Others):

Other Activities:

Please list all other activities since medical school graduation in chronological order, including non-medical activity. Please leave NO time gaps. Include electives, foreign travel, special medical experiences, major extra-curricular interests

Future Medical Plans:

Signed: _____ Date _____

APPLICATION CHECKLIST

- Application with photograph
- Medical School Transcript
- Letter of Verification from the Program Director(s) of prior intern or residency training, including expected date of completion
- Curriculum Vitae
- Personal Statement addressing reasons for pursuing pediatric hematology/oncology fellowship, please limit to one page
- Three Letters of Reference, two from faculty at current training program or professional colleagues
 1. _____
 2. _____
 3. _____
- ECFMG Certificate (if applicable)

PLEASE RETURN APPLICATION AND LETTERS TO:

Anjulika Chawla, M.D., Fellowship Director
Division of Pediatric Hematology/Oncology
Hasbro Children’s Hospital, Rhode Island Hospital
593 Eddy Street
Providence, RI 02903