



APPLICATION FOR PEDIATRIC TRANSPLANT HEPATOLOGY TRAINING PROGRAM

CHECKLIST

- Completed CHP of UPMC Pediatric Transplant Hepatology Application
- Current Curriculum Vitae
- Copy of Medical School Diploma
- Personal Statement describing your interest in Pediatric Hepatology
- 3 letters of recommendations (One letter must be from Program Chief or Fellowship Director)
- Recent photograph (optional)

GENERAL INFORMATION

Name: _____
Last First Middle Maiden (if applicable)

Permanent Address: _____

Email Address: _____ Telephone: _____

Citizen Status: US citizen Permanent Resident J-1 visa H1-B visa

Are you eligible to work in the US? YES NO

Social Security No: _____

EXAMINATIONS

USMLE: Step 1 _____ Step 2 CK _____
Date Raw/Percentile Date Raw/Percentile

Step 2 CS _____ Step 3 _____
Date Raw/Percentile Date Raw/Percentile

EDUCATION and TRAINING

College: _____

City, State: _____

Dates Attended: _____ Degrees Awarded: _____

Medical School: _____

City, State: _____

Dates Attended: _____ Degrees Awarded: _____

Residency: _____

City, State: _____

Specialty: _____ Completed Program? YES NO

Fellowship: _____

City, State: _____

Specialty: _____ Completed Program? YES NO

MEDICAL LICENSURE

State: _____ Date of Issue: _____

Expiration Date: _____ Number: _____


Have you ever been denied a license, permit or privilege of taking an examination by any licensing authority? YES NO

Have you ever had a license of permit encumbered in any way (i.e., revoked, suspended, surrendered, restricted, limited, placed on probation)? YES NO

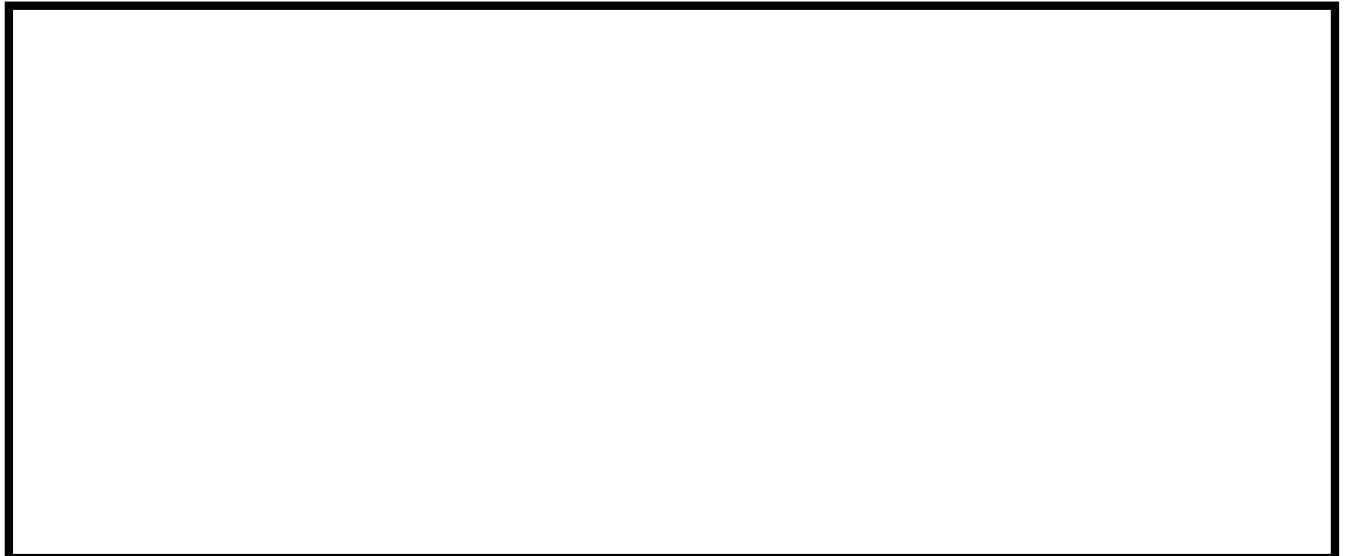
Have you ever been named in a malpractice suit? YES NO

If you answered yes to either, please explain on an additional sheet and attach it to this application.

PUBLICATIONS and PRESENTATIONS



HONORS and AWARDS



CONTACT

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