



Application for Fellowship in Rheumatology

Division of Rheumatology
Children's Hospital of Pittsburgh of UPMC

Department of Pediatrics
University of Pittsburgh School of Medicine

PERSONAL INFORMATION

NAME _____

ADDRESS (HOME) _____

PHONE _____ EMAIL _____

ADDRESS (PROFESSIONAL) _____

PHONE _____ EMAIL _____

DATE & PLACE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

ARE YOU A US CITIZEN? Y N IF NO, WHAT VISA TYPE DO YOU HAVE? _____

DATE OF VISA EXPIRATION _____

ARE YOU ELIBIBLE OR AUTHORIZED TO WORK IN THE US? YES NO

YEAR APPLYING _____

EDUCATION & EXPERIENCE

COLLEGE/UNIVERSITY _____

ADDRESS _____

DEGREE _____ MAJOR _____

DATES ATTENDED _____

MEDICAL SCHOOL _____

ADDRESS _____

DATES ATTENDED _____

INTERNSHIP _____

ADDRESS _____

DATES ATTENDED _____

RESIDENCY _____

ADDRESS _____

DATES ATTENDED _____

OTHER POST-GRADUATE WORK, PRACTICE/RESEARCH EXPERIENCE, RELEVANT SUMMER EMPLOYEMENT

PUBLICATIONS/HONORS & AWARDS

ANY PROFESSIONAL PUBLICATIONS? YES NO IF YES, PLEASE LIST ON A SEPARATE SHEET

HONORS AND/OR AWARDS _____

LICENSURE

MEDICAL LICENSURE STATE(S) _____ NUMBER(S) _____

FLEX I _____ FLEX II _____ STATE _____ DATE _____

ECFMG CERTIFICATE (IF ANY) NUMBER _____ DATE _____

USMLE STEP I _____ DATE _____ SCORE _____

STEP II _____ DATE _____ SCORE _____

STEP III _____ DATE _____ SCORE _____

HAVE YOU BEEN OR ARE YOU CURRENTLY THE SUBJECT OF DISCIPLINARY PROCEEDINGS BY ANY STATE LICENSURE AGENCY? YES NO

HAVE YOU BEEN OR ARE YOU CURRENTLY THE SUBJECT OF DISCIPLINARY PROCEEDINGS BY ANY HOSPITAL? YES NO

(IF YOU ANSWERED "YES" TO EITHER QUESTION ABOVE, PLEASE EXPLAIN ON A SEPARATE SHEET)

MILITARY SERVICE

HAVE YOU SERVED IN THE ARMED FORCES? YES NO

BRANCH _____ RANK/GRADE _____

DATES OF DUTY _____ TO _____

REFERENCES/SUPPORTING DOCUMENTATION

MEMBERS OF CHILDREN'S HOSPITAL OF PITTSBURGH FACULTY, ATTENDING STAFF OR HOUSE STAFF KNOWN BY YOU:

OTHER

HOW DID YOU HEAR ABOUT OUR PROGRAM? _____

THE FOLLOWING IS REQUIRED TO SUPPORT YOUR APPLICATION:

- COVER LETTER/PERSONAL STATEMENT
- THREE (3) LETTERS OF RECOMMENDATION (ONE SHOULD BE FROM THE DIRECTOR OF THE ATTENDED RESIDENCY TRAINING PROGRAM)
- CURRENT CURRICULUM VITAE
- LETTER FROM THE DEAN OF THE ATTENDED COLLEGE OF MEDICINE
- ORIGINAL TRANSCRIPT OF GRADES

I CERTIFY THAT THE FACTS AND INFORMATION I HAVE PROVIDED ON THIS APPLICATION, OTHER PRE-EMPLOYMENT DOCUMENTS AND DURING INTERVIEWS IS TRUE AND COMPLETE, AND I AGREE THAT IF I RECEIVE AN APPOINTMENT, INCORRECT, INCOMPLETE OR FALSIFIED INFORMATION WILL BE GROUNDS FOR DISMISSAL, REGARDLESS OF WHEN DISCOVERED.

SIGNATURE _____

DATE _____

****NOTE: THIS APPLICATION IS DUE NO LATER THAN SEPTEMBER 15TH OF THE YEAR PRIOR TO THE START OF THE FELLOWSHIP (I.E., DUE SEPTEMBER 15, 2009 FOR A FELLOWSHIP STARTING JULY 2010)****

MAIL COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

DANIEL A. KIETZ, MD, MPH, MMM
FELLOWSHIP PROGRAM DIRECTOR
DIVISION OF RHEUMATOLOGY
CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC
ONE CHILDREN'S HOSPITAL DRIVE
4401 PENN AVENUE
FACULTY PAVILION, FLOOR 3
PITTSBURGH, PA 15224