

Drue Heinz British Pediatric Fellowship Program

Criteria and Qualifications

Prospective applicants must provide a letter of support from their Children's department chair, division chief, or chief medical officer. Applicants also must be affiliated with Children's or be central to a Children's program in an area of clinical care, education, research, or administration. The goals and objectives of the proposed area of study and/or teaching must significantly enhance the mission of Children's Hospital. Following the exchange, applicants must agree to provide a summary of what they have learned, along with how they will apply this knowledge to further support our mission.

Application Guidelines and Approval Process

- Applications may be requested through the Office of Medical Affairs.
- Completed applications are to be submitted to the Office of Medical Affairs.
- Upon receipt of a completed application, the British Pediatric Fellowship Committee will review the information and determine eligibility and subsequent approval. Committee members include:
 - **Christopher A. Gessner**, president, Children's Hospital of Pittsburgh of UPMC
 - **Steven G. Docimo, MD**, vice president, Medical Affairs and chief medical officer
 - **Diane Hupp, RN, MSN**, vice president, Patient Care Services and chief nursing officer
 - **Andrew H. Urbach, MD**, medical director for External Affairs
 - **Jay Frey, CFRE**, vice president for strategic initiatives, Children's Hospital of Pittsburgh Foundation
- If approval is granted, the applicant's department is responsible for facilitating travel arrangements.
- The Office of Medical Affairs will facilitate all contact with the British health care entities.

Drue Heinz British Pediatric Fellowship Program Application

Name of Applicant:	
Title/Position of Applicant:	
Department/Division:	
Applicant Work & Cell Phone Numbers:	
Email Address:	
Area of Expertise:	
Proposed Area of Study and/or Teaching:	
Goals and Objectives of the Proposed Area of Study and/or Teaching:	
Proposed Time Frame:	
Estimated Travel Expenses:	

Nominated By: _____ **Date:** _____

Signature of Department Chair, Division Chief, or Chief Medical Officer

Reviewed & Approved by
Fellowship Committee: _____ **Date:** _____