
Board Certified? Yes No Specialty _____

Board Eligible? Yes No Specialty _____

Medical Licensure State(s) _____ Numbers _____

USMLE Step 1 _____ Date _____ Score _____

Step 2 (CS & CK) Date _____ Score _____

Step 3 _____ Date _____ Score _____

FLEX Part 1 _____ Dates _____ Part 2 _____ Dates _____

ECFMG Certification (if applicable) Number: _____ Date Valid: _____

Have you been or are you currently the subject of disciplinary proceedings by any state licensing 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.)

How did you hear about our program? _____

THE FOLLOWING IS REQUIRED TO SUPPORT YOUR APPLICATION:

- COVER LETTER AND PERSONAL STATEMENT
- THREE (3) LETTERS OF RECOMMENDATION SENT BY REFERENCES SEPARATELY TO US *(IF CURRENTLY IN RESIDENCY TRAINING, ONE OF THESE LETTERS SHOULD BE FROM YOUR CURRENT PROGRAM DIRECTOR)*
- CURRENT CURRICULUM VITAE

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 _____

MAIL COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

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