

Application for Fellowship



Division of Pediatric Blood and Marrow Transplantation and Cellular Therapies
Fellowship Program
Phone: 412-692-6393 Fax: 412-692-6752 Email: randy.windreich@chp.edu

Mail application to: Randy Windreich, MD
Children's Hospital of Pittsburgh
4401 Penn Avenue. – Floor 9
Pittsburgh, PA 15224

Name: _____

E-mail: _____

Address (home): _____

Phone : _____

Address (work): _____

Place of Birth: _____

Are you a US citizen? Yes No If no, Visa type: _____

Are you eligible or authorized to work in the US? Yes No

Education and Training

College

Name: _____

Address: _____

City, State: _____

Dates Attended: _____ Major: _____ Degree: _____

Medical School

Name: _____

Address: _____

City, State: _____

Dates Attended: _____

Internship

Name: _____

Address: _____

City, State: _____

Dates Attended: _____

Program Director Name: _____

Residency

Name: _____
Address: _____
City, State: _____
Dates Attended: _____
Program Director Name: _____

Fellowship

Name: _____
Address: _____
City, State: _____
Dates Attended: _____
Program Director Name: _____

Current Position (if not listed above): _____

Research/Career Interests (attach extra pages as necessary): _____

Other postgraduate work/research experience: _____

Publications (attach extra pages as necessary): _____

Honors and Awards: _____

Licensure (attach copies):

State: _____	Number: _____	Expiration Date: _____
State: _____	Number: _____	Expiration Date: _____
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U.S. Licensing Exams passed (attach copies of scores for each exam):

ECFMG English: _____ TOEFL: _____ Clinical Skills Assessment: _____ LMCC: _____ FLEX: _____
State Board: _____ FLEX I: _____ FLEX II: _____ NBME I: _____ NBME II: _____ NBME III: _____
USMLE 1: _____ USMLE 2:CK _____ USMLE 2: CS _____ USMLE 3: _____

International Medical Graduates (attach copies):

ECFMG Certificate Number _____ Expiration date _____

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, please explain on an additional sheet and attach to this application.

Military Service

Were you in the US Armed Forces? Yes No Branch: _____
Dates of Duty: From: _____ To: _____ Rank/Grade: _____

Members of Children’s Hospital of Pittsburgh Faculty, Attending Staff or House Staff known by you:

The following is required to support your application:

- Personal Statement
- Four letters of recommendation. One must be from your current Fellowship director and another from your Residency Program Director.
- Current curriculum vitae
- A letter from the Dean of the college of medicine which you attended along with an original transcript of your grades.

I certify that the facts and information I have provided on this application, on other pre-employment documents and during interviews are 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: _____