

**University of Rochester  
General Pediatrics Academic Fellowship Program**

**Application Form**

**PLEASE TYPE**

**Name:**

\_\_\_\_\_

<b>First</b>	<b>Middle</b>	<b>Last</b>
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\_\_\_\_\_

**Home Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Zip Code**

**Home Telephone:**

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Area Code**

**Work Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Zip Code**

**Work Telephone:**

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Area Code**

**Social Security #:**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Present Position:**

\_\_\_\_\_

**Birth date:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Month Day Year**

**Citizenship:**

\_\_\_\_\_

**Anticipated Starting  
Date in Program:**

\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

<b>For Administrative Use Only</b>		A.	_____	Ref. 1	_____
Date Received	_____	B.	_____	Ref. 2	_____
Application Complete	_____	C.	_____	Ref. 3	_____

**1. EDUCATION**

Name of undergraduate Medical School (s): (1) \_\_\_\_\_  
(2) \_\_\_\_\_

Dates attended: \_\_\_\_\_ to \_\_\_\_\_ Date graduated: \_\_\_\_\_  
\_\_\_\_\_

**Please list sequentially your post-M.D. training:**

<u>PG</u> <u>Training</u>	<u>Dates</u>	<u>Institution</u>	<u>Location</u>	<u>Type</u>
PG-1	_____	_____	_____	_____
PG-2	_____	_____	_____	_____
PG-3	_____	_____	_____	_____
PG-4	_____	_____	_____	_____

**Please describe how your clinical experiences influenced your decision to apply for The General Pediatrics Academic Fellowship Program. Use only the space provided:**

**Please list in chronological order all undergraduate colleges attended:**

<u>Institution</u>	<u>Campus/Location/State</u>	<u>Dates</u>	<u>Major</u>	<u>Degree Granted</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please list all non-medical graduate or professional schools attended:**

<u>Institution</u>	<u>Campus/Location/State</u>	<u>Dates</u>	<u>Major</u>	<u>Degree Granted</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please list all fellowships you have held:**

<u>Name of Fellowship</u>	<u>Institution</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please list all student/faculty committees on which you have served (curriculum committees, admissions committees, etc.):**

<u>Committee</u>	<u>Institution</u>	<u>Dates</u>	<u>Duties</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a diplomate of the National Board of Medical Examiners (NBME)?

No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

Have you successfully completed the Federation Licensing Examination (FLEX)?

No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

Are you certified by the American Board of Pediatrics?

No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

If you are not now Board Certified, do you plan to be?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what Board and when?  
\_\_\_\_\_

**2. WORK AND EXPERIENCE**

**Please list laboratory, research, or teaching assistant positions held:**

<u>Position</u>	<u>High School</u>	<u>College</u> (Check as applicable)	<u>Medical School</u>	<u>Other</u>	<u>Number of Months</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Please check any of the following experiences you may have held:**

	<u>Location</u>	<u>Dates</u>
<input type="checkbox"/> Military	_____	_____
<input type="checkbox"/> National Health Service Corps	_____	_____
<input type="checkbox"/> U.S. Public Health Service	_____	_____
<input type="checkbox"/> Peace Corps	_____	_____
<input type="checkbox"/> Other (Specify) _____	_____	_____

**Briefly describe the nature of the experiences you have checked which you feel are especially pertinent to this fellowship.**

### **3. ACHIEVEMENT**

**Please list the names of any awards, honors, scholarships, or medals received in order of importance, as you perceive their relative worth to you personally. List up to four.**

<u>Importance</u>	<u>Name of Award</u>	<u>Award Citation</u>	<u>Institution</u>	<u>Date</u>
Highest (1 <sup>st</sup> )	_____	_____	_____	_____
(2 <sup>nd</sup> )	_____	_____	_____	_____
(3 <sup>rd</sup> )	_____	_____	_____	_____
(4 <sup>th</sup> )	_____	_____	_____	_____
		_____		

**If you have published, please list your publications and enclose copies of those which you feel are most relevant.**

**Please indicate any other major accomplishments that will allow us to know your record better.**

**Please indicate any areas of research, either medical or non-medical, in which you have experience or expertise.**

**If public service is of interest to you, please indicate which area(s) is most appealing.**

#### **4. OBJECTIVES**

**Please state the reason for your interest in The General Pediatrics Academic Fellowship Program. The Statement must describe your career goals, your research interests, and how these can be accomplished by acceptance into The General Pediatrics Academic Fellowship Program. You may want to explain how past experiences influenced your decision to apply and mention special areas of interest. Please feel free to respond with a paragraph, a page or two, or an essay. Attach your response to this form. Make sure your name appears on the attachment.**

**5. REFERENCES**

**Please list the names and addresses of the three references whom you must ask to send letters to the Project Director. One of them must be the Program Director of your most recent clinical training program.**

(1) **Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) **Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) **Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include your CV with this completed application form to:

Peter G. Szilagyi, MD, MPH  
Golisano Children’s Hospital at Strong  
601 Elmwood Avenue, Box 777  
Rochester, NY 14642