

GOLISANO CHILDREN'S HOSPITAL
AT STRONG
601 ELMWOOD AVENUE
ROCHESTER, NEW YORK 14642

PHOTO

A signed, recent
photograph is not a
requirement but is very
helpful.

APPLICATION FOR PEDIATRIC INFECTIOUS DISEASES FELLOWSHIP

NAME (Print) _____
First Middle Last

SOCIAL SECURITY NO. _____

PRESENT ADDRESS _____ Phone _____
Street
City State Zip Code

PERMANENT ADDRESS _____ Phone _____
Street
City State Zip Code

DATE OF BIRTH* _____

PLACE OF BIRTH _____ IF NOT A U.S. CITIZEN, TYPE OF VISA _____

CITIZENSHIP* _____

Due to NIH funding restrictions, we are restricted to accepting only U.S. citizens or permanent residents.

Foreign Medical Graduates: ECFMG No. _____

Have you passed the Visa Qualifying Examination? _____

NAME OF SPOUSE* _____

OR

NEAREST RELATIVE _____ Relationship _____

ADDRESS OF RELATIVE _____ Phone _____

Have you any health problems which may interfere with your performance of this job? If yes, please state disability and any accommodation necessary for you to function in this job capacity:

Do you have any commitment for military or National Health Corps service? _____

EDUCATION: (Please include degrees to be granted and any non-degree work.)

Degree (A.B., B.S., etc.)	University or College	Month	Year
Degree	University or College	Month	Year
Other Degrees	University or College	Month	Year

HOSPITAL AND CLINICAL EXPERIENCE, IF ANY:

Position	Hospital	City	Dates
Position	Hospital	City	Dates

Can you come for a personal interview? _____

A personal interview is not a requirement but is strongly recommended. The date of the interview must be arranged in advance. The Division of Pediatric Infectious Diseases cannot provide reimbursement for travel expenses, but can help with travel arrangements if desired.

SERVICE TO BEGIN _____

Application Submitted _____

Usual Signature (written) _____

1. Mail completed application to: **Mary T. Caserta, M.D., Fellowship Program Director, University of Rochester Medical Center, 601 Elmwood Avenue, Box 690, Rochester, New York 14642.**
2. Send 3 letters of reference to Dr. Caserta (address above).
3. Foreign graduates should include a copy of the ECFMG certificate and evidence that you have passed the Visa Qualifying Exam. VQE is not required for those who already have permanent resident visas, or who are U.S. citizens. ECFMG certification is required of all foreign medical graduates.

THIS APPLICATION BECOMES – FOR THOSE APPOINTED – A PERMANENT RECORD.