Fellowship Application

Children's Hospital, Boston
Anesthesia Department/Bader 3
300 Longwood Avenue
Boston, MA 02115-5737

Name: _____
Last First Middle

Address: _____
Street City State Country Zip Code

Daytime Telephone: (___) _____ Beeper: (___) _____

Home Telephone: (___) _____ Fax Number: (___) _____

E-mail Address: _____

Place of Birth _____
City State or Province Country

Country of Citizenship: _____

If NOT a U.S. Citizen, ECFMG Certification? _____No ___ Yes (Please provide photocopy)

Date of Certificate _____ Number _____

Please indicate type of Visa to be held while at Children's Hospital _____

Medical Licensure: Please list all licenses held.

Massachusetts ❑ None

❑ Limited License: Sponsoring Institution _____

Date of Expiration _____

❑ Permanent License _____
Number Date of Licensure Date of Expiration

Other States _____
State Number Date of Licensure Date of Expiration

_____
State Number Date of Licensure Date of Expiration

_____
State Number Date of Licensure Date of Expiration

Please indicate type of fellowship sought:

Pediatric Anesthesia ..... 1 year ____ 2 years ____
Application and letters of recommendation to David B. Waisel, M.D.

Cardiac Anesthesia (1 year) **.....**
Application and letters of recommendation to James A. Di Nardo, M.D.

Pediatric Pain Management (1 year) **.....**
Application and letters of recommendation to Christine D. Greco, M.D

Pediatric Critical Care Medicine: American Board of Anesthesia (1 year) **.....**
Application and letters of recommendation to: John H. Arnold, M.D.

American Board of Pediatrics (3 years) **.....**
Jeffrey P. Burns, M.D.

Preferred date for beginning fellowship_____ PGY at that date _____

Please list all educational, clinical and research appointments, beginning with your college education. **Please explain any gaps** using a separate sheet if necessary.

FROM Month/year	TO Month/year	INSTITUTION	POSITION or DEGREE EARNED

Please list the names of three people who will write letters of reference on your behalf, indicating Department Chairman or Program Director (required) by an asterisk(*):

_____
Name Title

_____
Name Title

_____
Name Title

Please attach a current copy of your curriculum vitae/bibliography.

Signature_____ Date _____