



Pediatric Bone Marrow Transplant (BMT) FELLOWSHIP APPLICATION CHECKLIST

Name of Applicant: _____

Fellowship start date: _____

- Completed application**
Please be sure to sign your application

- Curriculum Vitae with cover letter**
Should include education, work experience, publications, scientific exhibits and honors in medicine

- Three letters of recommendation (LOR)**
Letters of recommendation, addressed to the Program Director, one LOR must be written by current Program Director. Letters of recommendation **MUST** be requested by the applicant **AND** sent under separate cover **DIRECTLY** to the Program Director:

Holly Miller, D.O.
Pediatric Bone Marrow Transplant (BMT) Fellowship Program Director
Phoenix Children's
1919 E. Thomas Road
Phoenix, AZ 85016

- Small photograph**
For identification purposes. Please affix to page 2 where stated.

RETURN COMPLETED APPLICATION AND DIRECT ALL CORRESPONDENCE TO:

Ozzie Rodriguez
BMT Fellowship Coordinator
Phoenix Children's
1919 E. Thomas Road
Phoenix, AZ 85016
Telephone: 602-933-2089
Fax: 602-933-2493
E-mail: orodriguez1@phoenixchildrens.com

If not a U.S. Citizen:

What type of visa will you hold while you are at Phoenix Children's Hospital? _____

If you are in the U.S. on an Exchange Visitor Program, give the name and program number of your current sponsor: _____

A graduate of foreign school (except Canada) who will have any clinical responsibilities is required to pass the United States Medical Licensing Exam (USMLE).

If you are certified, indicate below:

Standard Certificate: Number: _____ (copy must be included)

Interim Certificate: Number: _____ (copy must be included)

E.C.F.M.G. (if foreign trained) Number: _____

FULL MEDICAL LICENSE to practice medicine in the State/Province of:

State/Province

License Number

State/Province

License Number

State/Province

License Number

EDUCATION:

College/University:

Institution

Location

Degree

Dates attended

Institution

Location

Degree

Dates attended

Medical School:

Institution	Location
Degree	Dates attended

Internship (If applicable):

Institution	Location	Dates attended
Institution	Location	Dates attended

Residency:

Institution	Location	Dates attended
Institution	Location	Dates attended

Fellowship:

Institution	Location	Dates attended
Institution	Location	Dates attended

Other post-graduate work (i.e. Research, employment): _____

LETTERS OF RECOMMENDATION (LOR):

1. _____

Name	Title
Address	
E-mail address	Telephone

2.

_____	_____
Name	Title

Address	

_____	_____
E-mail address	Telephone

3.

_____	_____
Name	Title

Address	

_____	_____
E-mail address	Telephone

GENERAL INFORMATION

- Have you ever elected to leave any program of education and/or training prior to completion? YES NO
- Have you ever been asked or directed to leave any program of education and/or training prior to completion? YES NO
- Are there any actions or proceedings which have involved the imposition of a sanction of suspension or dismissal from any program of education and/or training to date? YES NO
- Have you ever pleaded guilty to or been convicted of a crime or offense other than a minor traffic violation? YES NO

If **YES** to any of the above questions, please provide details on a separate page.

CERTIFICATION

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