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:

Amy Bailey
BMT Fellowship Coordinator
Phoenix Children's
1919 E. Thomas Road
Phoenix, AZ 85016
Telephone: 602-933-7209
Fax: 602-933-2493
E-mail: abailey4@phoenixchildrens.com

Phoenix Children's Hospital ■ 1919 E. Thomas Road ■ Phoenix, AZ 85016 ■ 602-933-5437

Phoenix Children's

Pediatric Bone Marrow Transplant
FELLOWSHIP APPLICATION

PLEASE
AFFIX
PHOTO
HERE

PERSONAL INFORMATION

_____

Last   First   Middle

_____

Current Address

_____

Current Address

_____   _____   _____

Home Telephone   Work Telephone   Cellular Telephone

_____   _____

E-mail address   Date of Birth

_____   _____

Social Security Number   NPI Number (National Provider ID, if applicable)

_____   _____

Emergency Contact   Relationship   Telephone

_____   _____

Place of Birth   Country of Citizenship

USMLE: Step 1:   Date: _____   Score: _____
         Step 2 CK: Date: _____   Score: _____
         Step 2 CS: Date: _____   Score: _____
         Step 3:   Date: _____   Score: _____

☐ Board Eligible in Pediatric Hem/Onc   Anticipated date of Boards? _____
Or,
☐ Board Certified in Pediatric Hem/Onc   Date of Certification? _____

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