

APPLICATION FOR FELLOWSHIP IN PEDIATRIC HOSPITALIST MEDICINE  
Children's Healthcare of Atlanta, and Emory University

Return Application To:

David D. Lloyd, MD  
Pediatric Hospitalist Service Fellowship  
Children's Healthcare of Atlanta  
1405 Clifton Rd., N.E.  
Atlanta, Georgia 30322

Photograph taken in  
The last 12 months

Application for Fellowship beginning July 1, 2012  
Please type or print all entries.

Name: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
(if different from present address) Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_ E-Mail \_\_\_\_\_

Citizenship \_\_\_\_\_  
(Must be a United States citizen or have a permanent U.S .status ( Green Card)

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security/Social Insurance  
Number \_\_\_\_\_

Currently Working/Training at \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

**UNDERGRADUATE EDUCATION:**

School/City/State	From (mo/yr)	To (mo/yr)	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Medical Education:**

School/City/State	From (mo/yr)	To (mo/yr)	Major	Degree
_____	_____	_____	_____	_____

**Academic Honors:**

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**USMLE Scores: (Please use the actual score not a percentile)**

Step 1 \_\_\_\_\_ Step 2 \_\_\_\_\_ Step 3 \_\_\_\_\_

**POSTGRADUATE EXPERIENCE:**

**Internship/Residency**

Institution	City/State/Country	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER POSTGRADUATE TRAINING:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Board Certified** \_\_\_\_\_

Specialty	Year
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**MEMBERSHIP IN SCIENTIFIC AND PROFESSIONAL ORGANIZATIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESEARCH EXPERIENCE:**

Supervisor	Address	Nature of Research
_____	_____	_____
_____	_____	_____
_____	_____	_____

Was your research presented: Where? When?

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL EMPLOYMENT:**

Type/position	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Licensure:**

State	Status	License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 1) Has your license ever been suspended or revoked or voluntarily surrendered?  No  Yes
- 2) Have you ever been disciplined in any way by a licensing board?  No  Yes
- 3) Have you ever been party to any medical malpractice liability claims, lawsuits, and/or settlements?  No  Yes
- 4) Have you ever been convicted of a crime (felony)?  No  Yes

If the answers to any of the above questions are yes, please attach a summary and explain.

**MILITARY/PUBLIC SERVICE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL INTERESTS:**

\_\_\_\_\_

\_\_\_\_\_

**LANGUAGES SPOKEN OTHER THAN ENGLISH:**

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**REFERENCES:**

	<b>Name</b>	<b>Address</b>	<b>Phone</b>
<i>Residency Director</i>	_____	_____	_____
<i>Resident Advisor</i>	_____	_____	_____
<i>A person of your choosing</i>	_____	_____	_____

**CHECK ONE:**

- I hereby waive access to the above reference letter and will inform the reference.
- I do not waive access to the above reference letter and will inform the reference.

I have read and understand the instructions for completion of this application.

I certify that the information submitted on this application is complete and correct to the best of my knowledge.

I understand that any false or missing information may disqualify me for this fellowship position.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Deadline for completion November 30

All applications must be received by November 30 2011. No exceptions

**APPLICANTS PLEASE NOTE:**

**DEADLINE FOR APPLICATION November 30, 2011**

License: The State of Georgia law requires that all fellows in training must have a valid temporary training permit if they do not already possess a valid Georgia Medical License. To find out further information please go to the Georgia Board of Medical Examiners web site:

[Http://www.medicalboard.state.ga.us/oarestraining.html](http://www.medicalboard.state.ga.us/oarestraining.html).

When you have completed your application call Janet Martin at 404-785-6104 to arrange an interview.

Do not forget to include in your application:

- Photograph**
- C.V.**
- Authors contact information for letters of reference**
- Medical School transcript**
- Personal statement**
- If applicable, Immigration visa**
- ECFMG Certificate (if foreign medical graduate)**

**Personal statement (to include your reasons for applying and your goals for your fellowship training.)**

#### APPLICATION TIMELINE AND SELECTION PROCEDURE:

Application will be accepted after February 1, 2011 for the fellowship position beginning July 1, 2012 and ending June of 2013. There is no National matching Program. Interviews can be arranged once applications have been received and are complete. **\*No application will be accepted after November 30, 2011 deadline.** Selection will be based on past performances in the clinical years of medical school and residency training; letters of reference, and interviews.

This fellowship is for a twelve (12) month period (July 1, 2012 to June 30, 2013) Salary commensurate with level of training (PGY4) and benefits will be provided.

A valid temporary training permit, obtained from the Georgia Board of Medical Examiners will be required of all successful fellowship applicants who do not possess a valid Georgia Medical License. This application should be completed on the GBME web site no later than February 1<sup>st</sup>, 2012.