

STANFORD UNIVERSITY MEDICAL CENTER
Stanford, California 94305

Application for FELLOWSHIP in Pediatric GI

Date from: 07/01/ Date to: 06/30/

INSTRUCTIONS: Applications should be addressed to Dr. John Kerner, 750 Welch Road, Suite 116, Palo Alto, CA 94304. Enclose a recent 2x3 photograph, if you wish. We require a minimum of 3-4 letters of recommendation. One of these letters should come from your Department Chairman. It would also be helpful to have a letter from your Chief Resident. If you have a pediatric GI program at your Center, we would appreciate receiving one letter from that division. Top candidates will be invited here for an interview.

If the applicant is unable to come to Stanford for an interview, this application should be accompanied by a brief biographical sketch written by the applicant. The sketch should include a description of previous research and clinical experience, and an indication of the applicant's career goals.

LICENSE: California laws require that all residents and assistant residents hold a state license. Those graduates from U.S. medical schools who do not have such a license must take and pass the next examination following commencement of service. Licenses may also be obtained by reciprocity. Foreign graduates must fulfill requirements specified by Stanford University Hospital and the State of California. The listing of requirements for foreign graduates will be sent upon request.

Name in full: _____ SS#: _____

Date and place of birth (for record keeping only) _____

Present address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Permanent address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

e-mail address: _____

Citizenship: _____

Undergraduate Education (include dates & degrees): _____

Medical School and Dates: _____

Other Graduate Education & Degrees: _____

Internship: Place and Dates: _____

Residency: Place and Dates: _____

Military, Public Health or Practice experience, if any: _____

National Board and State Board Examinations (dates taken): _____

Scores (if available): _____

Present membership in organizations (scientific, professional and others): _____

Research experience (List name and address of supervisor or co-workers. If reprints or abstracts of work are available, please enclose.)

Present state of health: _____

If applying for a PL-1 position, are you registered with the National Resident Matching Program?

_____ Yes _____ No

This application is submitted in accordance with the principles established jointly by the Association of American Medical Colleges, American Medical Association, American Hospital Association, American Protestant Hospital Association and the Catholic Hospital Association of the United States and Canada.

Date

Signature of Applicant