

# Academic General Pediatrics Fellowship Programs Common Application

for the [2023 Pediatric Specialties Match via NRMP](#)

Fellows' Match Date: November 29, 2023

Fellows' Start Date: July 7, 2024

All applicants interested in applying for the Academic General Pediatrics Fellowship must register for the Pediatric Fall Specialties NRMP Match at <https://r3.nrmp.org/viewLoginPage>

1. University of Arkansas for Medical Sciences/Arkansas Children's Hospital | *Little Rock, AR*
2. \*[Baylor College of Medicine/Texas Children's Hospital](#) | *Houston, TX*
3. \*[Boston Children's Hospital](#) | *Boston, MA*
4. [Boston University Medical Center](#) | *Boston, MA*
5. [Children's Hospital Los Angeles](#) | *Los Angeles, CA*
6. \*[Children's Mercy Kansas City](#) | *Kansas City, MO*
7. \*[Cincinnati Children's Hospital Medical Center](#) | *Cincinnati, OH*
8. [Ohio State University/Nationwide Children's Hospital](#) | *Columbus, OH*
9. \*[Nemours Children's Hospital](#) | *Wilmington, DE*
10. [Stanford University](#) | *Stanford, CA*
11. \*[Stony Brook Medicine](#) | *Stony Brook, NY*
12. \*[University of Rochester Medical Center](#) | *Rochester, NY*
13. [Vanderbilt University Medical Center](#) | *Nashville, TN*

\*Indicates an Academic Pediatric Association accredited fellowship training program.

## **Personal Information**

### **Profile**

First Name:	
Middle Name:	
Last Name:	
Suffix:	
Previous Last Name:	
Date of Birth:	
Email:	
Phone:	
Emergency Contact (Name and Number):	

### **Mailing Address**

Street Address:	
City:	
State/Province:	

Zip/Postal Code:	
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### Citizenship

- US Citizen
- US Permanent Resident
- Other (Please list):

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If you are a foreign national outside the US, or currently in the US on a valid visa status, please **note the programs that accept Visa applicants and respond to the questions below.** IF NOT A FOREIGN NATIONAL, SKIP TO THE SECTION LABELED “Education” below the ECFMG/TOEFL scores.

Programs that accept Visa applicants:

- University of Arkansas for Medical Sciences/Arkansas Children’s Hospital
- [Children’s Mercy Kansas City](#)
- [Nemours Children’s Hospital](#)
- [Ohio State University/Nationwide Children's Hospital](#)
- [Stanford University](#)

Will you need a “visa sponsorship” through the teaching hospital (J1, H1B, etc.) to participate in US fellowship training?  Yes  No

If YES to the question above:

- Please specify type of Visa:

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- Did you train at a foreign medical school?  Yes  No
- Is your medical school listed on the approved list for state licenses to which you will be applying?  Yes  No  Unsure\*

*\*If you are unsure, please contact the programs to which you are applying. Obtaining state license, for the state in which you will be training, is mandatory to begin fellowship.*

### ECFMG/TOEFL Scores

Please provide documentation for your ECFMG and/or TOEFL scores in the space below.

### Education and Training

College/University:		From:		To:	
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City, State:		Degree:			
Medical School:		From:		To:	
City, State:		Degree:			
Internship:		From:		To:	
City, State:		Degree:			
Residency:		From:		To:	
City, State:		Degree:			
Other Training:		From:		To:	
City, State:		Degree:			

Was your medical education/training extended or interrupted?  Yes  No

If YES, please note the date and comment:

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### **Licensure Information**

This section allows entries for each of your state medical licenses.

Have you passed the USMLE Step 3?  Yes  No

### **Current Medical License(s)**

*(Note: If you do not have a current medical license, skip to the "Board Certification" questions.)*

<b>Entry 1:</b>			
State:		License Number:	
License Type:		Expiration Month/Year:	
<b>Entry 2:</b>			
State:		License Number:	
License Type:		Expiration Month/Year:	
<b>DEA Number</b> <i>(DEA is for US Medical License holders only.)</i>			
DEA Registration Number		Expiration Month/Year:	

1. Has your medical license ever been suspended, revoked, or voluntarily terminated?  
 Yes  No

If YES, please note the date and comment:

2. Have you ever been named in a malpractice case?  Yes  No

If YES, please note the date and comment:

3. Is there anything in your past history that would limit your ability to be licensed or would limit your ability to receive hospital privileges?  Yes  No

If YES, please note the date and comment:

### **Board Certification**

Are you Board Certified?  Yes  No

If NO, will you be Board Eligible by the beginning of the fellowship?  Yes  No

Board Name:

Are you Board Certified/eligible for more than one Board?  Yes  No

If YES, will you be Board Eligible by the beginning of the fellowship?  Yes  No

Board Name:

### **Miscellaneous**

Are you able to carry out the responsibilities of a fellow in Academic General Pediatrics and at the specific training program to which you are applying, including the functional requirements,

cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations?  Yes  No

If NO, please explain:

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**Letters of Recommendation**

Please provide three (3) letters of recommendation. If you are within five years of residency training, one letter must be from your Residency Program Director or his/her/their designee. Make sure each letter writer receives a [Confidential Reference Report](#). A report must be submitted alongside each letter of recommendation. Letter writers should submit their letters of recommendation along with a Confidential Reference Report via email directly to each Fellowship Program Director. Please see Appendix 1 for a comprehensive list of email addresses.

**Reference 1**

Name and Title	
Contact Information	Address: Email: Phone:

**Reference 2**

Name and Title	
Contact Information	Address: Email: Phone:

**Reference 3**

Name and Title	
Contact Information	Address: Email: Phone:

**Personal Statement**

Please attach a one-page personal statement explaining why you want to complete a fellowship in Academic General Pediatrics and/or Primary Care. Please include the following: a description of your career goals, how the fellowship may assist you in achieving them, your scholarly/research interests, and how you envision your career five years after completion of this fellowship. You may want to include how past experiences have influenced your decision to apply and mention special areas of interest. *(Please include your name on the attachment.)*

**Attestation**

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position, or if employed, may constitute cause for termination from the program. I also understand and agree that the data included in this application may be shared within the fellowship programs to which I am applying.

*I agree with the above attestation.*

Signature:	Date:
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**Supplemental Biographical Information**

The information requested is for statistical purposes only and will not be used during consideration of the application.

Date of Birth:	
Place of Birth:	
Gender:	

Ethnicity and Race (Self-identification):

Ethnicity:

- Of Hispanic or Latino origin (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race).
- Not of Hispanic or Latino origin

Race:

- Black or African American: A person having origins in any of the original groups of Africa.
- Asian or Asian-American: Includes persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent (e.g., Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).
- American Indian or Alaskan native: Includes persons having origins in any of the original peoples of North America and South American (including Central America), who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White: Includes persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Disadvantaged Background:

An individual from a disadvantaged background is defined as someone who: Comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession. OR Comes from a family with an annual income below a level based on low-income thresholds according to family size published by the US Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services for use in health professions and nursing programs.

- Yes    No

**Checklist for Submission**

[ ] Register for the Pediatric Fellowship Fall Specialties NRMP Match using the following link:  
<https://r3.nrmp.org/viewLoginPage>.

[ ] Contact EVERY program you plan to apply to in order to:

- ✓ Introduce yourself
- ✓ Verify the deadline for application submission
- ✓ Determine if there are any other program specific documents that need to be submitted to be considered for the fellowship
- ✓ Ask any additional questions you may have

[ ] Submit the following items via email directly to each Fellowship Program Director\*\*:

- ✓ Completed APA Common Application

- ✓ Personal Statement – Please include your name on the attachment.
  - ✓ Updated Curriculum Vitae
- \*\*Please see Appendix 1 for a comprehensive list of email addresses.*

[ ] Instruct your three (3) letter writers to submit their letters of recommendation and a completed Confidential Reference Report via email directly to each Fellowship Program Director\*\*.

*\*\*Please see Appendix 1 for a comprehensive list of email addresses.*

		<b>Submission Deadline</b>	<b>Supplemental Application Materials Required?</b>
<i>Academic General Pediatrics Fellowship</i> Arkansas Children's Hospital/University of Arkansas for Medical Sciences	Paul Darden, MD Email: <a href="mailto:ardenpaulm@uams.edu">ardenpaulm@uams.edu</a> Phone: (501) 364-3398	Please email to find out.	No
<i>Academic General Pediatrics Fellowship</i> <a href="#">Baylor College of Medicine/Texas Children's Hospital*</a>	Program Coordinator: Karla Gonzales Email: <a href="mailto:kconejo@bcm.edu">kconejo@bcm.edu</a> Phone: (832) 822-3440  Program Director: Julieana Nichols, MD, MPH Email: <a href="mailto:nichols@bcm.edu">nichols@bcm.edu</a> Phone: (832) 822-3441	10/1/2022	No
<i>Academic General Pediatrics Fellowship</i> <a href="#">Boston Children's Hospital*</a>	Program Coordinator: Olivia Deverix Email: <a href="mailto:olivia.deverix@childrens.harvard.edu">olivia.deverix@childrens.harvard.edu</a> Phone: (617) 355-5859  Program Director: Corinna Rea, MD, MPH Email: <a href="mailto:corinna.rea@childrens.harvard.edu">corinna.rea@childrens.harvard.edu</a>	9/2/2022	No
<i>Academic Primary Care Fellowship</i> <a href="#">Boston University Medical Center</a>	Program Coordinator: Linda Neville Email: <a href="mailto:linda.neville@bmc.org">linda.neville@bmc.org</a> Phone: (617) 638-8344  Program Director: Caroline Kistin, MD, MSc Email: <a href="mailto:caroline.kistin@bmc.org">caroline.kistin@bmc.org</a>	7/1/202	No
<i>General Academic Pediatrics Fellowship in Health Equity</i> <a href="#">Children's Hospital Los Angeles</a>	Program Director: Kevin Fang, MD Email: <a href="mailto:kfang@chla.usc.edu">kfang@chla.usc.edu</a> Phone: (323) 361-2122	11/19/2022	Yes



<p><i>Academic General Pediatrics Fellowship</i>  <a href="#">Children's Mercy Kansas City*</a></p>	<p>Program Coordinator: Johnae Sawyer  Email: <a href="mailto:jsawyer1@cmh.edu">jsawyer1@cmh.edu</a>  Phone: (816) 234-9374</p> <p>Program Director: Tyler K. Smith, MD, MPH  Email: <a href="mailto:tksmith2@cmh.edu">tksmith2@cmh.edu</a>  Phone: (816) 960-4162</p>	<p>Please email to find out.</p>	<p>No</p>
<p><i>General Pediatrics Research Fellowship</i>  <a href="#">Cincinnati Children's Hospital Medical Center*</a></p>	<p>Program Coordinator: Besong Tataw  Email: <a href="mailto:genpedsnrsafellowship@cchmc.org">genpedsnrsafellowship@cchmc.org</a>  Phone: (513) 636-0304</p> <p>Program Director: Sarah Beal, PhD  Email: <a href="mailto:sarah.beal@cchmc.org">sarah.beal@cchmc.org</a>  Phone: (513) 636-4614</p> <p>Program Director: Kimberly Yolton, PhD  Email: <a href="mailto:kimberly.yolton@cchmc.org">kimberly.yolton@cchmc.org</a>  Phone: (513) 636-2815</p>	<p>Please email to find out.</p>	<p>Yes</p>
<p><i>Academic General Pediatrics Fellowship</i>  <a href="#">Cohen Children's Medical Center – Northwell Health</a></p>	<p>Program Director: Henry Bernstein, DO, MHCM  Email: <a href="mailto:hbernstein@northwell.edu">hbernstein@northwell.edu</a>  Phone: (516) 838-6415</p> <p>Assistant Program Director: Sophie Jan, MD, MPH  Email: <a href="mailto:sjan1@northwell.edu">sjan1@northwell.edu</a>  Phone: (516) 838-6415</p>	<p>Not recruiting in Fall 2022 as per website.</p>	<p>Yes</p>
<p><i>Academic General Pediatrics Fellowship</i>  <a href="#">Nemours Children's Hospital*</a></p>	<p>Program Coordinator: Racquel Richardson  Email: <a href="mailto:racquel.richardson@nemours.org">racquel.richardson@nemours.org</a>  Phone: (302) 298-8820</p> <p>Program Director: Matthew DiGuglielmo, MD, PhD  Email: <a href="mailto:matthew.diguglielmo@nemours.org">matthew.diguglielmo@nemours.org</a>  Phone: (302) 651-6040</p>	<p>9/1/2022</p>	<p>No</p>
<p><i>Academic General Pediatrics Fellowship</i>  <a href="#">Ohio State University/Nationwide Children's Hospital</a></p>	<p>Program Coordinator: Allison Smith  Email: <a href="mailto:allison.smith@nationwidechildrens.org">allison.smith@nationwidechildrens.org</a>  Phone: (614) 722-4952</p> <p>Program Director: Judith Groner, MD</p>	<p>Please email to find out.</p>	<p>No</p>
<p><i>Academic General Pediatrics Fellowship</i>  <a href="#">Stanford University</a></p>	<p>Program Coordinator: Connie Galvan  Email: <a href="mailto:cgalvan2@stanford.edu">cgalvan2@stanford.edu</a></p> <p>Program Director: Janelle Aby, MD  Email: <a href="mailto:jaby@stanford.edu">jaby@stanford.edu</a></p>	<p>Please email to find out.</p>	<p>No</p>

<p><i>Academic General Pediatrics Fellowship</i>  <a href="#">Stony Brook Medicine</a>*</p>	<p>Program Director: Susmita Pati, MD, MPH          Email: <a href="mailto:susmita.pati@stonybrook.edu">susmita.pati@stonybrook.edu</a>          Phone: (631) 444-3094</p>	<p>Please email to find out. Last due on 9/15/2021.</p>	<p>No</p>
<p><i>Academic Generalist and Health Services Fellowship</i>  <a href="#">The Medical University of South Carolina</a></p>	<p>Program Coordinator: Carole Berini          Email: <a href="mailto:berini@musc.edu">berini@musc.edu</a>          Phone: (843) 876-2926</p> <p>Program Director: <del>William Basco, Jr., MD, MS</del>          Email: <a href="mailto:bascob@musc.edu">bascob@musc.edu</a></p>	<p>Please email to find out.</p>	<p>No</p>
<p><i>Academic General Pediatrics &amp; Primary Care Fellowship</i>  <a href="#">University of Rochester Medical Center</a>*</p>	<p>Program Coordinator: Maggie Mazur          Email: <a href="mailto:maggie_mazur@urmc.rochester.edu">maggie_mazur@urmc.rochester.edu</a>          Phone: (585) 275-5798</p> <p>Program Director: Cynthia Rand, MD, MPH          Email: <a href="mailto:cynthia_rand@urmc.rochester.edu">cynthia_rand@urmc.rochester.edu</a>          Phone: (585) 275-9316</p>	<p>Please email to find out.</p>	<p>No</p>
<p><i>Academic General Pediatrics Fellowship</i>  <a href="#">Vanderbilt University Medical Center</a></p>	<p>Program Coordinator: Mattie Goostree          Email: <a href="mailto:mattie.goostree@vumc.org">mattie.goostree@vumc.org</a></p> <p>Program Director: Bill Heerman, MD, MPH          Email: <a href="mailto:bill.heerman@vanderbilt.edu">bill.heerman@vanderbilt.edu</a>          Phone: (615) 343-6249</p>	<p>9/23/2022</p>	<p>No</p>

\*Indicates an Academic Pediatric Association accredited fellowship training program.

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