Common Application for Clinical Fellowship Program Start Date 7/1/2020

PROGRAM: Pediatric & Adolescent Gynecology

All PAG fellowship programs will accept this common application. Please save a copy for your use.

GENERAL INFORMATION

NRMP #_____

Name: _____
Last *First* *Middle (complete)* *Maiden (if applicable)*

Present Address: _____ Telephone: ( ) _____ Preferred

_____ Telephone: ( ) _____ Alternate

E-mail address: _____ Pager Number _____

Date of Birth: _____ Citizenship Status: ☐ US Citizen ☐ US Permanent Resident ☐ J-1 visa ☐ H1-B Visa

☐ Canadian Citizen ☐ CDN Permanent Resident ☐ Other Nationality: Specify: _____

Are you eligible or authorized to work in the US? ☐ Yes ☐ No Social Security Number: _____

Are you able to practice in Canada? ☐ Yes ☐ No

Military Service

Were you in the U. S. Armed Forces? Yes ☐ No ☐ Branch _____

Dates of Duty: From _____ To _____ Rank/Grade _____

MEDICAL LICENSURE

State(s)/Province(s): _____ Type: _____ Expiration Date: _____

Have you been or are you currently the subject of disciplinary proceedings by any state licensure agency? Yes ☐ No ☐

Have you been or are you currently the subject of disciplinary proceedings by any hospital? Yes ☐ No ☐

If you answered yes to either, please explain on an additional sheet and attach to this application.

BOARD ELIGIBILITY AND/OR CERTIFICATION

Are you US board certified? ☐ Yes ☐ No ABOG Certification date _____

If you are not yet certified, are you board eligible? ☐ Yes ☐ No If yes, when eligible? _____

Royal College of Physicians and Surgeons of Canada(FRCSC) Certification date _____

EDUCATION

Undergraduate

College/University: _____

City, State/Province if applicable and Country:

Dates Attended: _____ Major: _____ Degree:

Medical School:

City/State/Province if applicable and Country:

Dates Attended: _____ Degree: _____ Graduation Date:

E.C.F.M.G. (if foreign trained outside of US): Number: _____ Issue Date: _____

Note: You must provide a copy of your valid ECFMG certificate

TOEFL IBT (if foreign trained outside of Canada): Passing score: _____ *Note: Copy Must be provided*

CURRENT & PRIOR TRAINING

Internship

Institution: _____ Dates: _____

Address/City/State or Province/Country: ____

Area of Training/Specialty: _____ Completed Program? Yes ☐ No☐

Residency

Institution: _____ Dates: _____

Address/City/State or Province/Country: _____

Area of Training/Specialty: _____ Completed Program? Yes ☐ No☐

Fellowship

Institution: _____ Dates: _____

Address/City/State or Province/Country: _____

Area of Training/Specialty: _____ Completed Program? Yes ☐ No ☐

EXPERIENCE

Organization & Location	Position	Dates

Other Special Training, Skills, or Research Experience:

AWARDS/ACCOMPLISHMENTS (you may expand on this section in your CV)

PUBLICATIONS & PRESENTATIONS (you may expand on this section in your CV)

The following documents are required to support your fellowship application:

- A minimum of three letters of recommendation. *One letter must be from the Director of your Residency Training Program.*
- Current *curriculum vitae*
- Copy of medical school diploma (with English translation if applicable)
- ECFMG certificate (if applicable)
- TOEFL IBT certificate (if applicable)
- Personal statement of career goals, with discussion of how you plan to use this training
- Official copy of USMLE or LCCE transcript

By my signature below, I certify that the information in this application is accurate.

Signature: *Date:* _____

NOTE: Each PAG fellowship program has requirements in addition to this common application. To ensure that your application is complete, please contact the program to which you are applying for information about their specific institutional requirements. A list of PAG fellowship programs is available on the web at https://www.naspag.org/page/PAGFellowship.