University of Pittsburgh Medical Center Medical Education Programs UPMC Children's Hospital of Pittsburgh Application for Admission to Medical Biochemical Genetics

Applying for residency to begin:	Year	_				
Last Name	First		Middle or Maiden		Social Security Number	
Present Mailing Address:	o. Street	С	ity Zip Cod	ie P	hone Number	
Permanent Mailing Address:	o. Street	C	ity Zip Cod		hone Number	
E mail addross:	o. Oneer	г	Date & Place of Birth:			
Citizen of the United States?	Yes	No				
If No, are you eligible or authori	zed to work in	he US?				
EDUCATION & EXPERIENCE						
College or University	С	ity and State	Major	(s) D	egree and Dates Attended	
List residency training that yo	ou have comp	eted. Begin with	present or last position	on held.		
Name and Institution		Position		Dates		
Other Post-Graduate Work, P	ractice/Resea	ch Experience, o	r Other Employment			
Name and Location of Employe		Position		Dates		
Publications/Honors & Award	S					
Any Professional Publications?	Yes N	o If yes, plea	ase list on a separate she	eet or attach C	÷V	

Board Certified? Yes No			Specialty			_	
Board Eligible? Yes No			Specialty			_	
Medical Licensure State(s)			Number	S		-	
USMLE	Step 1	Date		Score			
	Step 2 (CS & CK)	Date		Score			
	Step 3	Date		Score			
FLEX	Part 1 Da	ates P	°art 2	Dates			
ECFMG Certification (if applicable) Number: Date Valid:				Valid:			
Have you been or are you currently the subject of disciplinary proceedings by any state licensing agency?							No
Have you been or are you currently the subject of disciplinary proceedings by any hospital?					Yes	No	
(If you answered	"Yes" to either questi	on above, please explaii	'n on a se	parate sheet.)			

How did you hear about our program? ____

THE FOLLOWING IS REQUIRED TO SUPPORT YOUR APPLICATION:

- COVER LETTER AND PERSONAL STATEMENT
- THREE (3) LETTERS OF RECOMMENDATION SENT BY REFERENCES SEPARATELY TO US (IF CURRENLTY IN RESIDENCY TRAINING, ONE OF THESE LETTERS SHOULD BE FROM YOUR CURRENT PROGRAM DIRECTOR)
- CURRENT CURRICULUM VITAE

I CERTIFY THAT THE FACTS AND INFORMATION I HAVE PROVIDED ON THIS APPLICATION, OTHER PRE-EMPLOYMENT DOCUMENTS AND DURING INTERVIEWS IS 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 -

MAIL COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

Uta Lichter-Konecki, M.D., Ph.D. Program Director, Medical Biochemical Genetics Fellowship Division of Medical Genetics UPMC Children's Hospital of Pittsburgh One Children's Hospital Drive 4401 Penn Avenue Pittsburgh, PA 15224 Office: (412) 692-5070 Fax: (412) 692-6472 E-mail: <u>uta.lichterkonecki@chp.edu</u>