UPMC | CHILDREN'S HOSPITAL OF PITTSBURGH

# Application for Fellowship


Division of Pediatric Hematology Oncology and Stem Cell Transplantation
Blood and Marrow Transplantation and Cellular Therapies Fellowship Program

Phone: 412-692-6393 Fax: 412-692-6752 Email: randy.windreich@chp.edu

*Mail application to:* Randy Windreich, MD
UPMC Children's Hospital of Pittsburgh
4401 Penn Avenue. – Plaza 402
Pittsburgh, PA 15224


**Name:** _____ **E-mail:** _____

**Address (home):** _____

_____ **Phone:** _____

_____

**Address (work):** _____

_____

_____

**Place of Birth:** _____

**Are you a US citizen?** Yes ☐ No ☐ **If no, Visa type:** _____

**Are you eligible or authorized to work in the US?** Yes ☐ No ☐

## Education and Training

College
Name: _____
Address: _____
City, State: _____
Dates Attended: _____Major: _____ Degree:_____

Medical School
Name: _____
Address: _____
City, State: _____
Dates Attended: _____

Internship
Name: _____
Address: _____
City, State: _____
Dates Attended: _____
Program Director Name: _____

Residency

Name: _____
Address: _____
City, State: _____
Dates Attended: _____
Program Director Name: _____

Fellowship

Name: _____
Address: _____
City, State: _____
Dates Attended: _____
Program Director Name: _____

Current Position (if not listed above):_____

**Research/Career Interests (attach extra pages as necessary):** _____
_____

**Other postgraduate work/research experience:** _____
_____
_____

**Publications (attach extra pages as necessary):**
_____
_____

**Honors and Awards:** _____
_____
_____
_____

**Licensure (attach copies):**

State: _____ Number: _____ Expiration Date: _____
State: _____ Number: _____ Expiration Date: _____
State: _____ Number: _____ Expiration Date: _____
State: _____ Number: _____ Expiration Date: _____

**U.S. Licensing Exams passed (attach copies of scores for each exam):**

ECFMG English: _____ TOEFL: _____ Clinical Skills Assessment: _____ LMCC: _____ FLEX: _____

State Board: _____ FLEX I: _____ FLEX II: _____ NBME I: _____ NBME II: _____ NBME III: _____

USMLE 1: _____ USMLE 2:CK _____ USMLE 2: CS _____ USMLE 3: _____

**International Medical Graduates (attach copies):**

ECFMG Certificate Number _____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.*

**Military Service**

Were you in the US Armed Forces? Yes ☐ No ☐ Branch: _____

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

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**Members of Children's Hospital of Pittsburgh Faculty, Attending Staff or House Staff known by you:**

_____ _____ _____ _____

_____ _____ _____ _____

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**<u>The following is required to support your application:</u>**

- Personal Statement
- Current curriculum vitae
- USMLE or COMLEX transcripts
- Four letters of recommendation including your current Fellowship director and your Residency Program Director.
- A letter from the Dean of the college of medicine which you attended along with an original transcript of your grades.

*I certify that the facts and information I have provided on this application, on other pre-employment documents and during interviews are 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: _____