

**CHILDRENS HOSPITAL LOS ANGELES**  
**ACADEMIC FELLOWSHIP IN PEDIATRIC PULMONOLOGY APPLICATION**

Applying for three (3) years beginning July \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Cell / Mobile Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Licensure: \_\_\_\_\_ State: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Number: \_\_\_\_\_ Date: \_\_\_\_\_

United States Social Security Number: \_\_\_\_\_

**FOR INTERNATIONAL MEDICAL GRADUATES:** USMLE \_\_\_\_\_ (date)  
ECFMG certification \_\_\_\_\_ (date)  
FLEX \_\_\_\_\_ (date)

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Please provide us with the following items. We cannot process your application until all have been received.

1. **Completed application.**
2. **A current curriculum vitae**, detailing your training and experience, and including your pre-medical, medical and other graduate school, internship and residency location and a complete bibliography of publications.
3. **A Personal Statement.** We use this primarily to match your experience and goals with our training program. Therefore, it is not so important that this be a literary masterpiece, though it should be well written. Rather we are interested in why you are interested in Pediatric Pulmonology, what experiences you have had in Pulmonology, any research experience or academic pursuits you have had, and how you currently see your career after fellowship. There is no length requirement, but these statements are most commonly about a typewritten page long.
4. **Copy of Transcripts** from your medical school.
5. **International medical graduates:** A copy of your ECFMG certificate.
6. **Three or more letters of recommendations** from physicians who have supervised your pediatric training or more recently experience. Have these letters sent directly to us, and should not be included in your applications. *These letters need to be written to Thomas G. Keens, M.D.*

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Interview: A personal interview is generally required.

I will be available for an interview \_\_\_\_\_ (dates)

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Please mail this application (with supporting documentation) to:

Evelyn Hsu, Coordinator  
Pediatric Pulmonology Fellowship Program  
CHILDRENS HOSPITAL LOS ANGELES  
4650 Sunset Boulevard, MS# 83  
Los Angeles, California 90027-6062

Attach photo here  
(optional)