Johns Hopkins University School of Medicine  
Department of Pediatrics

Dear M.D. Applicant,

Thank you for inquiring about our fellowship program in general academic pediatrics. There are three parts to the application. The first is our standard application used throughout the School of Medicine. Please complete it as instructed.

The second part is a one to two page personal statement describing the reason for your interest in this program including your career goals and research interest and how these can be facilitated by acceptance into the General Academic Pediatrics Fellowship program. You may want to explain how past experiences influenced your decision to apply and mention special areas of interest. Please provide the personal statement in a separate file, do not use the application to provide this detail.

Third, we request letters of recommendation and completion of a confidential reference form by three individuals. On page four of the application, you will also be asked to list the names and contact information for four clinical references on page four of the application. For your convenience, individuals submitting the three confidential references may also provide clinical references.

Applications are accepted on a rolling basis. Once we have all three parts of your application we will review the application and contact you. If we would like you to come for an interview, our program coordinator will contact you to arrange a date. Interviews are also conducted on a rolling basis. You will be contacted to schedule an interview only after we have received all parts of your application.

Submit completed application packages electronically to Lynette Forrest at: lforres2@jhmi.edu with the subject line: “GENERAL PEDIATRICS APPLICATION”

We would be happy to talk with you if you would like additional information about this program. Please contact Ms. Forrest at 410-614-3865 or lforres2@jhmi.edu, if you wish to schedule a time to talk with one of us about the fellowship program or if you have any questions about the application process.

Sincerely,

Sara Johnson, Ph.D., M.P.H.  
Director, General Academic Pediatrics Fellowship Program  
Associate Professor, Pediatrics

*Federal guidelines require that all individuals entering our fellowship program have permanent residency in the United States by way of U.S. citizenship or a permanent immigrant status/green card.
Application for Fellowship Training Program
General Instructions for Completion of this Application

Each section must be **complete** and **legible** or your application will be deemed incomplete and returned to you. This pertains to any attachment you include with the application; e.g., CV, copies of licenses, certifications, etc.

- The verification process on your education, training, and experience will not begin until a completed application has been received.
- Do not refer to an enclosed curriculum vitae in lieu of completing a section. A CV does not usually contain all the information needed (e.g., complete dates, addresses, names, etc).
- If a section does not apply to you, write in \textit{N''/A.} **Do not leave any block blank.**

**All chronology must be accounted for from the completion of your medical/professional degree, to the present.** Gaps of one month or more will cause the verification process to be delayed until you provide an explanation. Delays can also be caused by incomplete names and addresses -- please provide complete information in all sections.

If additional space is needed, attach additional pages (make reference to the question being answered) or, copy the blank application page as often as necessary to provide complete information. Keep these additional pages in sequence with corresponding application pages.
Applicant’s Name:

The Johns Hopkins Hospital
David Rubenstein Children’s Health Building, Room 2056
200 N. Wolfe Street
Baltimore, MD 21207

Johns Hopkins Bayview Medical Center
4940 Eastern Avenue
Baltimore MD 21224

The Johns Hopkins University
School of Medicine
200 N. Wolfe Street
Baltimore, MD 21207

APPLICATION FOR APPOINTMENT TO:

Residency Training Program OR Fellowship:

☑️ For The Johns Hopkins Hospital only:
☐ Categorical beginning PGY-1 (Intern)
☐ Advanced beginning PGY-2 or above (Resident)

☑️ For Johns Hopkins Bayview Medical Center only:
☐ Straight Medicine Tract
☐ General Internal Medicine Track
☐ Both

Location: ☐ The Johns Hopkins Hospital ☐ Johns Hopkins Bayview Medical Center

Department / Division:
Service: Pediatrics/General Pediatrics To Begin (Date)

Instructions: Complete all sections (please print or type all responses). If a section does not pertain to you, mark as N/A (not applicable). Do not leave any section blank nor make reference to an attached CV.

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<td>1. Name:</td>
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<td>Middle</td>
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<td>2. Other Name Used:</td>
<td>Last</td>
<td>First</td>
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<td>3. Social Security Number:</td>
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<td>4. Current / Local Address (include street, city, state, and zip):</td>
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<td>5. Current / Local Telephone Number:</td>
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<td>6. Permanent Address (include street, city, state, and zip):</td>
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<td>7. Emergency Contact:</td>
<td>Name</td>
<td>Relationship</td>
<td>Mailing Address</td>
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<td>8. E-mail Address:</td>
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9. Citizenship: Are you a citizen of the United States:  □ Yes  □ No  If no, complete the following:

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<tr>
<th>Citizenship Entrance Date into U.S.</th>
<th>Visa Type Length of Stay Valid to</th>
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<tr>
<td>Do you have INS permission to work?</td>
<td>□ Yes  □ No</td>
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<td>Do you have INS permission to be involved in direct patient care?</td>
<td>□ Yes  □ No</td>
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<td>Is your degree of patient care involvement limited by your visa?</td>
<td>□ Yes  □ No</td>
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10. Current Position or Scientific Activities:

11. College(s) Attended (undergraduate education):

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<th>Name(s) of School</th>
<th>Mailing Address</th>
<th>Month/Years Attended</th>
<th>Degree(s) Conferred</th>
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12. Professional Education (medical school) or other doctoral program:

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<th>Name(s) of School</th>
<th>Mailing Address</th>
<th>Month/Years Attended</th>
<th>Degree(s) Conferred</th>
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13. For International Medical School Graduates:  ECFMG No.  Valid to:

(Provide a copy of your certificate)

14. Internship, Residencies, Other Postdoctoral Training & Fellowship Programs:

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<th>Name(s) of School</th>
<th>Mailing Address</th>
<th>Dates Attended (Month/Years):</th>
<th>Service or Subject:</th>
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<th>Name(s) of School</th>
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<th>Dates Attended (Month/Years):</th>
<th>Service or Subject:</th>
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15. National Board of Medical Examiners:
   Diploma: ☐ Yes (attach copy) ☐ No
   Board Scores for NBME:
   Part I
   Part II
   USMLE Scores: Step I Step II Step III
   Clinical Skills Assessment Test Score:

16. Hospital Appointments (other than what is included in your training program): List chronologically, appointments to other hospital staffs showing name of hospital, mailing address of hospital, type of appointment (e.g., Active, Moonlighter, OPD, etc.)

   Name of Hospital:
   Current Mailing Address:
   Dates of Appointment: Type of Appointment:
   Name of Hospital:
   Current Mailing Address:
   Dates of Appointment: Type of Appointment:

   (Use continuation sheet, if necessary)

17. Teaching Appointments (other than what is included in your training program): List chronologically, any teaching appointments showing name of institution and mailing address of institution.

   Name of Institution:
   Current Mailing Address:
   Dates of Appointment: Type of Appointment:
   Name of Institution:
   Current Mailing Address:
   Dates of Appointment: Type of Appointment:

   (Use continuation sheet, if necessary)

18. Please explain any gaps in time / interruptions in clinical training and/or appointments since receipt of medical or professional degree. **Any gap of one month or more must be explained.**

   (Use continuation sheet, if necessary)

19. Licensure: List any health occupation license or registration ever held, showing state(s), country(ies), number(s), date(s), and status.
20. Member or Fellow of (e.g., AMA, ACS, etc.): List all past or present memberships

21. Awards and Honors Received:

22. Scientific or Clinical Interest:

23. Publications (attach list in lieu of listing here):

24. Languages Spoken:

25. Medical References (for clinical applicants): Names and addresses of four (4) physicians who have worked extensively with you or have been responsible for professional observation of you. Do not list: relatives by blood or marriage; the Chief of Service to which you are applying; persons in current training program with you; nor persons who cannot attest to your current level of clinical competency, technical skill, and medical knowledge.

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Statement of Applicant:

- I fully understand that any significant misstatements in, or omissions from, this application may constitute cause for denial of appointment to or summary dismissal from, the Hospital Medical Staff and/or The Johns Hopkins University.
- All information submitted by me in this application is true to the best of my knowledge and belief.
- I authorize the Hospital and/or the University and their representatives to consult with other hospitals and institutions and their representatives and others, in regard to this application.
- I release from liability the Hospital and/or University, their representatives and agents for their actions or omissions performed in good faith and without malice in evaluating the application as well as those who provide information to the Hospital and/or University in good faith and without malice, and I consent to the release of such information, including otherwise privileged or confidential information.
- I consent to the release of information to other hospitals and institutions and persons with a legitimate interest and agree to hold the Hospital and/or the University, their representatives and agents free of liability for their actions performed in good faith as a part of the quality assurance program, the credentialing process, peer review and medical evaluation activities.
- I understand that the information required herein is continuing in nature and I agree to provide any changes in the information provided; i.e., address, name, certification and dates, licensure, etc. I agree to furnish, upon request, an update on any information provided in this application.

A copy of the Statement of Applicant may be used as original.

Date
Signature
Printed Name

The Johns Hopkins Institutions do not discriminate on the basis of race, color, sex, religion, age, national or ethnic origin, sexual orientation, handicap, veteran status, or any other occupationally irrelevant criteria.
The information requested is for statistical purposes only and will not be used during consideration of the application.

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<tr>
<th>1. Date of Birth</th>
<th>2. Place of Birth</th>
<th>3. Gender</th>
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<td>Male</td>
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4. Ethnicity/Race:
   (Self-Identification)
   A. 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
   B. Race:
      - [ ] Black or African American: A person having origins in any of the original groups of Africa.
      - [ ] Asian: 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 America (including Central America), and 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.

5. Marital Status:

6. Name of Spouse:

7. Name(s) of Children and Year(s) of Birth: