

**APPLICATION FOR FELLOWSHIP APPOINTMENT  
AT YALE UNIVERSITY SCHOOL OF MEDICINE**  
All Fellows also hold appointments in Yale-New Haven Hospital

I hereby apply for a **Pediatric Critical Care Fellowship** beginning July \_\_\_\_\_:

Full name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Office Telephone No. \_\_\_\_\_

Present Address \_\_\_\_\_ Address to which notification should be sent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Citizen of \_\_\_\_\_

Colleges and Universities attended \_\_\_\_\_ Years \_\_\_\_\_ Degrees \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical School \_\_\_\_\_  
Name of school Graduation Date Degree

Internships, Residencies and Fellowships \_\_\_\_\_  
Title and Service Place Dates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you any medical or scientific publications? Yes \_\_\_ No \_\_\_ If yes, please submit with this application a list of these including date and place of publication.

Military status Commission: Army \_\_\_ Navy \_\_\_ USPHS \_\_\_ Active \_\_\_ Inactive \_\_\_ Discharged \_\_\_ None \_\_\_ Berry Plan

Current rank or rank on discharge \_\_\_\_\_ If still in active service, give probable date of discharge \_\_\_\_\_

Dates of military service \_\_\_\_\_

Certification by Educational Council for Foreign Medical Graduates: Number \_\_\_\_\_ Date \_\_\_\_\_

Type of Visa \_\_\_\_\_

References: Name Position Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Procedure for filing applications:

- Have at least 3 letters of recommendation forwarded from residency program director or chairperson, critical care faculty (preferably Chief of Service), and other faculty member .
- Forward updated curriculum vitae.
- USMLE test results (if applicable)

All forms and letters should be addressed to:

Clifford W. Bogue, M.D.  
Department of Pediatrics  
Yale University School of Medicine  
P.O. Box 208064  
New Haven, CT 06520-8064  
Telephone: (203) 785-4651  
Fax: (203) 785-5833