



THE UNIVERSITY OF CHICAGO
DEPARTMENT OF PEDIATRICS
Section of Pediatric Infectious Diseases

5841 S. Maryland Avenue, MC 6054
Chicago, IL 60637-1470

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APPLICATION FOR FELLOWSHIP IN PEDIATRIC INFECTIOUS DISEASES

BEGINNING 2009

(Type or print; black ink is preferred.)
(Please feel free to continue answers on a separate sheet of paper.)

1. Name:
2. Address:
3. Date of Birth:
4. Social Security No.:
5. Telephone No.: Day Night
6. Permanent Address: () same as above
7. Permanent Telephone No.: () same as above
8. Citizenship: () U.S. () Other _____
9. Visa Status (if applicable): Temporary () Specify: () J-1 () H-1
() Permanent

10. National Board/FLEX/ECFMG Status where relevant: (Note: Be specific and give relevant dates, certificate numbers, etc.)

11. Licensure: State(s) and Year(s) Obtained:

12. Undergraduate Education:

Name of Institution:

City:

State:

Month/Year of Matriculation:

Month/year of Graduation:

Degree Earned:

Relevant Comment:

13. Medical School:

Name of Institution:

City:

State:

Month/Year of Matriculation:

Month/Year of Graduation:

Relevant Comment:

14. Other Graduate Education: () None

Name of Institution:

City:

State:

Month/Year of Matriculation:

Month/Year of (anticipated) Graduation:

Degree Earned:

Relevant Comment:

15. Internship/Residency:

Institution and Address:

Affiliation (if applicable):

Years:

Type of Program, e.g., Pediatrics:

16. Research Experience: () None

Name, Address and Title of Supervisor(s):

Title(s) of Project(s):

Dates During Which Work Was Performed:

Comment:

17. Bibliography: () None

18. What Activities Occupy Your Time Beyond Your Medical Interests?
19. Career Goals: Please briefly explain why you are interested in a career in Pediatric Infectious Diseases. (Use separate sheet of paper if necessary.)
20. References: Please provide the names of 3 individuals who know you well professionally and will serve as references for your application. Please request that these individuals submit a letter of support on your behalf.
- A. Name and Title:
- Institution:
- Address:
- Telephone:
- B. Name and Title:
- Institution:
- Address:
- Telephone:
- C. Name and Title:

Institution:

Address:

Telephone:

Signature: (Please sign this application.)

Date: _____

Please return the completed application, a current copy of your CV, and a personal statement to:

LaKesha Lloyd
Pediatric Infectious Diseases
The University of Chicago
5841 S. Maryland Avenue, MC 6054
Chicago, Illinois 60637-1470

All letters of support should be addressed to:
Kenneth Alexander, M.D., Ph.D.
Associate Professor, Department of Pediatrics
Chief, Section of Infectious Diseases
The University of Chicago
5841 S. Maryland Ave, MC 6054
Chicago, IL 60637-1470