

**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:

Kenneth J. Banasiak, 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