

PEDIATRIC ADDICTION MEDICINE FELLOWSHIP APPLICATION

Entry into the Pediatric Addiction Medicine Fellowship Program at Boston Children's Hospital is at the PL-4 level (fourth year post-MD) or later. Fellows receive a concurrent appointment of Clinical Fellow at Harvard Medical School as they participate in the teaching of medical students and house staff.

Applications and inquiries from physicians seeking training are always welcome. We are particularly interested in applications from highly qualified minority pediatricians. A visit to the program will usually provide a comprehensive picture of our activities, clinical programs and an opportunity to meet with current faculty.

The application form begins below. The application should be completed and returned as early as possible to allow time for interviews. **Please include a CV and a photo with your application.** Applications should be submitted via email, with "PADM Fellowship Application 2019_[insert last name]" in the subject line. If you are unable to submit the application via email, or for questions regarding the application process, please contact Julie Lunstead at 857-218-4317.

We ask that applications be submitted prior to **November 15th** the year prior to the anticipated start date, however applications will be accepted on a rolling basis until the position has been filled.

International candidates: International medical graduates may apply, however selection may be contingent on approval of visas. Due to limitations on faculty resources, we cannot accommodate observational experiences; all fellows must be fully licensed and credentialed so that they can participate in patient care. International fellowship applicants must have passed the ECFMG examination and have a valid, current certificate as a prerequisite to any other visa or license application. In addition, international applicants must be fluent in both written and spoken English. Inquiries regarding specific individual circumstances may be directed to Julie Lunstead.

Inquiries can be made to:

Julie Lunstead, MPH

ASAP Program Manager

Boston Children's Hospital

300 Longwood Avenue

Boston, MA 02115

Phone: (857) 218-4317

julie.lunstead@childrens.harvard.edu

PEDIATRIC ADDICTION MEDICINE FELLOWSHIP APPLICATION

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail Address				
LICENSURE INFORMATION						
State		Full <input type="checkbox"/>	Limited <input type="checkbox"/>	License Number		
State		Full <input type="checkbox"/>	Limited <input type="checkbox"/>	License Number		
State		Full <input type="checkbox"/>	Limited <input type="checkbox"/>	License Number		
INTERNATIONAL MEDICAL GRADUATES ONLY						
ECFMG Certificate Number			Expiration Date			
Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If no, what is your current visa status?						
Have you completed USMLE Step 1 <input type="checkbox"/> Step 2 <input type="checkbox"/> Step 3 <input type="checkbox"/>						
REFERENCES						
<p><i>Please provide three letters of reference addressed and mailed to Dr. Sharon Levy. Letters should provide the fellowship committee with an assessment of your background and training, clinical abilities, teaching and leadership potential, and capacity for research activities. List the names, full addresses, telephone numbers and email addresses of your references below. Current residents and those who have completed their training within the past five years should list their Department Chair, Director of Residency Training, and one other (current) reference of their choice.</i></p>						
Reference 1						
Full Name				Relationship		
Institution				Phone		
Address						
City, State, Zip						
Email Address						
Reference 2						
Full Name				Relationship		
Institution				Phone		
Address						
City, State, Zip						
Email Address						
Reference 3						

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Full Name		Relationship	
Institution		Phone	
Address			
City, State, Zip			
Email Address			

PERSONAL STATEMENT

Please write and attach a personal statement to your application. Your statement should address the following:

1. What prior experience have you had in the treatment of adolescent substance use disorders and how has this influenced your life and career?
2. Describe a particular problem or subject area in pediatric addiction medicine that you would like to focus on clinically during your fellowship training.
3. What are your overall career goals? Describe what you would like to be doing five to ten years from now. How do you anticipate this fellowship will assist you in your plan?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date