

**University of California, San Francisco  
School of Medicine, Department of Pediatrics  
Division of General Pediatrics**

***Application for the General Pediatrics Fellowship Training Program***

*Please return completed application and a  
3" x 3" picture by Jan. 30, 2010 to:*

Michael Cabana, MD, MPH  
Division of General Pediatrics  
University of California, San Francisco  
3333 California Street, Suite 245  
San Francisco, CA 94118  
415-476-5473



**PART 1: GENERAL INFORMATION PLEASE TYPE:**

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**Name** (*Last , First, Middle*) **Department**

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**Position:** *First year post M.D.* **Resident**

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**Permanent Mailing Address:**

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**Present Mailing Address:**

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**Telephone Numbers:** *Home* *Hospital*

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*Pager* *Cell*

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**Email address:**

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Licensed to practice Medicine in the State of :

License Number:

Passed National Boards?

Part I

Yes  No

Part II

Yes  No

Part III

Yes  No

Passed FLEX Examination?

Yes

No

If you are a Foreign Medical Graduate, have you passed the:

FMGEM

Yes

No

Certificate date

Certificate Number

VQE

Yes

No

Certificate date

Certificate Number

Proof of U.S. citizenship or eligibility for U.S. employment will be required upon hire in accordance with regulations established pursuant to the Immigration Reform and Control Act of 1986.

**EDUCATION:**

Premedical/Preosteopathic

Dates

Degree

Other

Dates

Degree

Medical/Osteopathic

Dates

Degree

Internship

Dates

Degree

Residencies

*Hospital*

Dates

Degree

*Hospital*

Dates

Degree

Language skills other than English (Please indicate skill level)

Language

Read

Speak

Understand

Language	Read	Speak	Understand
	Excel Good Fair	Excel Good Fair	Excel Good Fair
	Excel Good Fair	Excel Good Fair	Excel Good Fair
	Excel Good Fair	Excel Good Fair	Excel Good Fair

**PREVIOUS EMPLOYMENT** (PROFESSIONAL OR SCIENTIFICALLY-RELATED)

Employer	Position	Dates
Employer	Position	Dates
Employer	Position	Dates

**PROFESSIONAL OR SCIENTIFICALLY-RELATED EXPERIENCE**

Academic Societies

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Honors and Awards

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Previous Research Experience (Please describe)

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Publications

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**PART 2: Please describe your career goals and professional plans for the future.**  
*(Please limit to 1 page).*

**PART 3: Please describe your research interests and a possible research project that you may pursue as a General Pediatrics Fellow.** *(Please limit to one page).*

**PART 4: REFERENCES**

Please provide three (3) letters of reference which must be from:

- The Chair of your department
- The Director of your residency program
- The Director of General Pediatrics at your institution.

You are required and expected to solicit these letters yourself. Please indicate from whom we might expect to see letters of recommendation for you.

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*Name* *Title* *Institution*

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*Name* *Title* *Institution*

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*Name* *Title* *Institution*

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Please have your letters of reference sent by January 15, 2010 directly to:  
Michael Cabana, MD, MPH  
Division of General Pediatrics, UCSF  
3333 California Street, Suite 245  
San Francisco, CA 94118

## PART 5: PRIVACY NOTIFICATION STATEMENT

The information collected is used to satisfy the educational mission of the University and its legal obligations, including determination of eligibility, assessment and evaluation of professional qualifications.

With the exception of the Affirmative Action data, all information requested is mandatory. If the information is not provided, the application will be deemed incomplete and not considered by the Program. The information you provide will be reviewed by the Departmental Residency selection committee and may be released pursuant to applicable Federal or State law. The privacy of your file will be the responsibility of the Department.

Individuals have the right to review their own record in accordance with the Information Practices Act and University policy. Information on these policies may be obtained from the training Program to which you have applied and where your file is maintained.

I hereby authorize representatives of the School of Medicine to contact any or all of my former employers, educational institutions consent to such persons and organizations releasing relevant information to the School of Medicine, notwithstanding that it might considered cause for my termination.

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Signature of Applicant

Date

Privacy Notification Statement: The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who supply information about themselves:

The principal purpose for requesting the information is for use in compiling statistical reports. This information may be used in limited circumstances by the University to achieve affirmative action objectives. Maintenance of the information is authorized by University policy.

Furnishing this information is voluntary. There is no penalty for not providing the information. Information furnished will be transmitted to State and Federal agencies if required by law.

Individuals have right of access to these records as they pertain to themselves.

In accordance with applicable State and Federal laws, the University of California, San Francisco does not discriminate in any of its policies, procedures, or practices on the basis of race, national origin, religion, sex, handicap, age, veteran status, medical condition (as defined in Section 12926 of the California Evidence Code), ancestry, marital status, or sexual preference nor does the University discriminate on the basis of citizenship, within the limits imposed by law or University policy.

In conformance with applicable law and University policy, the University of California, San Francisco is an affirmative action/equal opportunity employer.

Inquiries regarding the University's equal opportunity policies may be directed to: Affirmative Action Coordinator, University of California, San Francisco, (415) 476-4752

### DEFINITIONS

The following definitions have been extracted from the Department of Labor regulations implementing Section 503 of the Rehabilitation Act of 1973 and Public Law 38 of the U.S. Code Sections 2011 and 2012, Part 20-250.

"Handicapped individual" means any person who (1) has a physical or mental impairment which substantially limits one or more of such persons major life activities, (2) has a record of such impairment or (3) is regarded as having such an impairment. For the purposes of this Part, a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of handicap.

"Disabled veteran" means a person entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at 30 per centum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

"Veteran of the Vietnam era" means a person (1) who (i) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975, and (2) who was so discharged or released within 48 months preceding the alleged violation of the Act, the affirmative action clause and/or the regulation issued pursuant to the Act.

## PART 6: AFFIRMATIVE ACTION FORM

Name (Last, First, Middle)

Date

Furnishing information on this form is not required

### **Ethnicity**

- (F) White (not of Hispanic origin)
- (A) Black/African-American (not of Hispanic origin)
- (B) Asian or Pacific Islander, Chinese/Chinese-American, Japanese/Japanese-American, Filipino/Philippino, Pakistan/East Indian, Other Asian.
- (C) Native American or Alaskan Native
- (E) Hispanic: Mexican/Mexican-American/Chicano, Latin-American/Latino, Spanish/Spanish-American, Other Hispanic

### **Gender**

- (F) Female
- (M) Male

### **Disability/Veteran status**

- (A) Vietnam Era Veteran (non-disabled)
- (B) Vietnam Era Veteran (disabled)
- (C) Disabled Person (non-veteran)
- (D) Non-Vietnam Era Veteran (disabled)

### **Decline to state**

- (X) I have read the form and do not wish to provide the information requested.

Handicap: The following optional information is requested in connection with voluntary action efforts being taken by this campus to increase participation of qualified handicapped students in our programs and activities. The information will be kept confidential and will be used only in accordance with the implementing regulations to Section 504 of the Rehabilitation Act of 1973. Refusal to provide the information will not result in adverse treatment, and it is to be used solely for the purpose of recruitment. The campus is developing specialized resources to reduce barriers to students with disabilities.

Please identify any disability you have with so the campus may contact you and let you know of any resources and services we can provide.