

The PostGraduate Training Program
In Pediatric Gastroenterology, Hepatology, and Nutrition
Year you wish to begin _____

Application for Traineeship or Fellowship

Name: _____
Last First Middle

Home Address: _____

Work Address: _____

Mailing Address If Different Than Above: _____

Telephone (____) _____ Work(____) _____ Pager:(____) _____

Social Security Number: ____ - ____ - ____
(see note page 3)

Citizenship Status: ____ U.S. Citizen ____ U.S. Permanent Resident
____ Other: _____

Education:

Name & Location Yrs Attended Degree

College or University

Graduate or Medical School

Internship

Residency or Equivalent

Academic Performance: Standing in University / Medical School:

Special Honors or Awards:

Additional Pertinent Skills / Experience:

Scientific Publications (may attach CV):

Present & Future Field of Interest in Teaching & Research:

Plans for the Year Immediately Following Traineeship / Fellowship:

Please ask three or more individuals to write letters of recommendations commenting on your professional background, achievements, and potential. Address the letters to Mel Heyman, M. D. and send to the address listed below. Please list the names and addresses of your references here:

1. _____

2. _____

3. _____

Additional _____

Mail your completed application to:

Mel Heyman, M. D.
Chief, Pediatric Gastroenterology & Nutrition
University of California, San Francisco
MU4E, Box 0136
San Francisco, CA 94143-0136

****Note (Important)**

The Social Security number will be used by the University of California to verify your identity. Disclosure of your Social Security Number is mandatory. This notification is provided to you as required by the Federal Privacy Act of 1974. The University of California's record-keeping system relating to this application was established prior to January 1, 1975, pursuant to authority granted to The Regents of the University of California under Article IX, Section 9 of the California Constitution.

In accordance with applicable State and Federal laws, the University of California of San Francisco does not discriminate in any of its policies, procedures, or practices on the basis of race, color, national origin, religion, sex, handicap, age, veteran's status, medical condition (as defined in Section 12926 of the California Government Code), ancestry, marital status, or sexual orientation. In conformance with applicable law and University policy, the University of California of San Francisco is an affirmative action/equal opportunity employer.

Inquiries regarding the University's equal opportunity policies may be directed to:

Vice Chancellor
Affirmative Action/Equal Opportunity Department
San Francisco, CA 94103-098
415-476-4752

APPLICANT DATA FORM

NAME: _____
 Last First MI
 Male or Female: _____



TITLE OF POSITION Clinical Fellow Applicant, Pediatric Gastroenterology, Hepatology, & Nutrition	
PLEASE READ THE DEFINITIONS PROVIDED FOR AN EXPLANATION OF CATEGORIES	
Please check one box only 1 WHITE (not of Hispanic origin) <input type="checkbox"/> (F) White 2 BLACK (not of Hispanic origin) <input type="checkbox"/> (A) Black/African-American 3 ASIAN or PACIFIC ISLANDER <input type="checkbox"/> (2) Chinese/Chinese American <input type="checkbox"/> (B) Japanese/Japanese American <input type="checkbox"/> (L) Filipino/Pilipino <input type="checkbox"/> (R) Pakistani/East Indian <input type="checkbox"/> (X) Other Asian	4 AMERICAN INDIAN or ALASKAN NATIVE <input type="checkbox"/> (C) American Indian or Alaskan Native 5 HISPANIC <input type="checkbox"/> (E) Chicano/Mexican American/Mexican <input type="checkbox"/> (5) Latino/Latin American <input type="checkbox"/> (W) Other Spanish/Spanish American 6 <input type="checkbox"/> Other

PRIVACY NOTIFICATION: The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals asked to supply information about themselves. Information is requested on this Applicant Data form by the UC San Francisco Affirmative Action Office in compliance with Revised Order No 4 issued pursuant to Executive Order 11246. The information will be used by various University departments for statistical analysis and administration of the campus affirmative action and personnel programs. It will be given to State or Federal agencies if required by law. Furnishing the information on this form is voluntary. There is no penalty for not completing this form. Individuals have the right to review their own records in accordance with Staff Personnel Policy 605, and Academic Personnel Manual Section 160. Information on these policies may be obtained from the campus Human Resources and Academic Personnel Offices. The office responsible for maintaining the information supported on this form is the UCSF Affirmative Action Office, (415) 476-4752.

WHITE:
 Persons having origins in any of the peoples of Europe, North Africa, or the Middle East.

BLACK:
 Persons having origins in any of the Black racial groups of Africa.

ASIAN OR PACIFIC ISLANDER:

Chinese/Chinese American -	Persons having origins in any of the original peoples of China.
Japanese/Japanese American -	Persons having origins in any of the original peoples of Japan.
Filipino/Pilipino -	Persons having origins in any of the original peoples of the Philippine Islands.
Pakistani/East Indian -	Persons having origins in any of the original peoples of the Indian sub-continent (e.g. India and Pakistan).
Other Asian -	Persons having origins in any of the original peoples of the Far East (including Korea), Southeast Asia, or Pacific Islands (including Samoa), not including in any of the Asian categories listed above.

AMERICAN INDIAN OR ALASKAN NATIVE:
 Persons having origins in any of the original American Indian peoples of North America, including Eskimos and Aleuts, or who maintain cultural identification through tribal affiliation or community recognition.

HISPANIC:

Chicano/Mexican American/ Mexican-Latino/Latin American -	Persons of Mexican Culture or origin, regardless of race.
Other Spanish/Spanish American -	Persons of Latin American (e.g., Central American, South American, Cuban, Puerto Rican) culture or origin, regardless of race.
	Persons of Spanish culture or origin, not included in any of the Hispanic categories listed above.