

UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE  
Department of Critical Care Medicine

APPLICATION FOR FELLOWSHIP IN PEDIATRIC CRITICAL CARE MEDICINE

Please attach your photo  
(optional)

**TYPE OR PRINT ALL ENTRIES**

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone # \_\_\_\_\_ Office Phone # \_\_\_\_\_

Pager # \_\_\_\_\_ Email address \_\_\_\_\_

Social Security #: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Visa Status: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Postgraduate Training: \_\_ Anesthesia\_\_ Med \_\_ Peds \_\_ Surg \_\_ Subspecialty (Specify) \_\_\_\_\_

Board Certified: \_\_\_\_\_ Board Eligible: \_\_\_\_\_

**TYPE OF FELLOWSHIP** (Please Check):

\_\_\_ 2 Year Fellowship in Pediatric Critical Care Medicine (for applicants with other specialty or subspecialty training)

\_\_\_ 3 Year Fellowship in Pediatric Critical Care Medicine

DESIRED START DATE: \_\_\_\_\_

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**EDUCATION AND TRAINING**

**INSTITUTION**

**DEGREES OBTAINED (YEAR)**

Premedical: \_\_\_\_\_

Medical School: \_\_\_\_\_

	Type	Institution	Dates
Internship: (PGY I)	_____	_____	_____

Residency: \_\_\_\_\_

Fellowship: (if applicable) \_\_\_\_\_

Other Professional Experience: \_\_\_\_\_

Research or Graduate Training: \_\_\_\_\_

Professional Employment: \_\_\_\_\_

Honors: \_\_\_\_\_

Professional Societies: \_\_\_\_\_

**LICENSE INFORMATION:** State \_\_\_\_\_ License # \_\_\_\_\_ Expires \_\_\_\_\_  
State \_\_\_\_\_ License # \_\_\_\_\_ Expires \_\_\_\_\_

**INTERNATIONAL MEDICAL GRADUATES (ECFMG)**

ECFMG Number \_\_\_\_\_ Valid Through \_\_\_\_\_ (Attach Copy)  
Visa Status \_\_\_\_\_ Valid Through \_\_\_\_\_ (Attach Copy of DS-2019/I94 or  
Other documentation)

FLEX Exam Part 1 \_\_\_\_\_ Part II \_\_\_\_\_ Passed? \_\_\_\_\_  
USMLE (Indicate successful completion dates) Step 1 \_\_\_\_\_ Step 2 \_\_\_\_\_ Step 3 \_\_\_\_\_  
Attach copies of scores from Steps 1, 2, and 3

**PUBLICATIONS:** (Attach extra sheet if more space is needed) \_\_\_\_\_

**ATLS/PALS CERTIFICATIONS**

ATLS Certification: Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
PALS Certification: Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**3 Letters of Recommendation (Must include Director of your major specialty or subspecialty training program)**

Name	Position	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BRIEFLY DESCRIBE YOUR PROFESSIONAL GOALS:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return To:** Robert S. B. Clark, M.D.  
Fellowship Program Director  
Children's Hospital of Pittsburgh  
3705 Fifth Avenue, Room 6840  
Pittsburgh, PA 15213  
USA

**Telephone:** (412) 692-7026  
**Fax:** (412) 692-6076  
**Email Address:** clarkrs@ccm.upmc.edu

<b>Pediatric ICU procedures you've performed: please check all that apply</b>	<b>0</b>	<b>1-5</b>	<b>&gt; 5</b>
Intravenous line			
Intraosseous needle placement			
Arterial puncture			
Arterial line			
Central venous line			
Chest tube			
Bag-valve mask ventilation			
Endotracheal intubation			
Conscious sedation			
Lumbar puncture			

<b>Pediatric ICU patient diagnoses you've participated in the care of: please check all that apply</b>	<b>0</b>	<b>1-5</b>	<b>&gt; 5</b>
Acute respiratory distress syndrome			
Asthma			
Brain death			
Bronchiolitis			
Bronchopulmonary dysplasia			
Burns			
Cardiac arrest			
Cardiac arrhythmias			
Congenital heart disease			
Diabetic ketoacidosis			
Electrolyte imbalance			
Extracorporeal membrane oxygenation			
Head trauma			
Hematologic and oncologic emergencies			
Hypovolemic shock			
Hypoxic ischemic brain injury			
Immune deficiency			
Liver failure			
Malignant hypertension			
Meningoencephalitis			
Multiple trauma			
Pneumonia			
Renal failure/dialysis			
Septic shock			
Solid organ transplantation			
Status epilepticus			
Toxic ingestion			