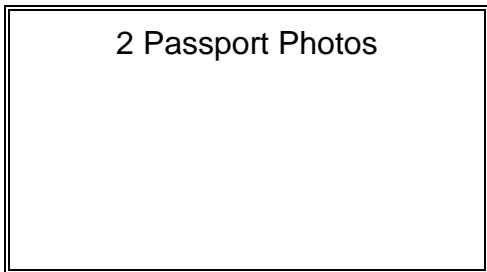




APPLICATION FOR FELLOWSHIP IN CHILD AND ADOLESCENT PSYCHIATRY

Please complete **all** of this application. You may add sheets, but please label them clearly. The checklist of required documents below is for your convenience. In the essence of time, feel free to return the application form and required documents by fax to 202-476-2368, but mail the originals promptly under separate cover. Applicants are encouraged to log onto the CNMC GME website for information about various aspects of the training experience at www.childrensnational.org/ForDoctors/gme/.

- ❑ A letter from the Training Director of your general psychiatry residency training program must be submitted. The letter must include a description of **(a)** your overall performance during general psychiatry residency, **(b)** your strengths and weaknesses, **(c)** rotations and requirements, and **(d)** a statement verifying that you are in good standing currently or, as applicable, that you previously completed all requirements of general psychiatry training in a satisfactory manner.
- ❑ The Training Documentation Form (attesting to the General Psychiatry Board Eligibility, including dates of the three Clinical Skills Verification (CSV) evaluations) signed by the Training Director.
- ❑ An official transcript from your medical school must be sent directly to the address below.
- ❑ Please submit **2** passport-sized current photographs with this application.
- ❑ Applicants who are selected for interviews will be contacted by Fellowship Training Coordinator, Ms. Grace Callis (202-476-3932). Application materials for which you are responsible *must* be received before interviews will be scheduled. These can be transmitted via fax if time is a consideration. We will make every effort to accommodate those making travel arrangements from out-of-town.
- ❑ Please submit a concise biographical statement which describes your interest in child and adolescent psychiatry, what you are seeking in child and adolescent psychiatry fellowship, your career goals, and what interests you about the program at Children's National Medical Center.
- ❑ A copy of your CV.
- ❑ Two letters of recommendation (2).
- ❑ A photocopy of your current medical license. Please note that the fellowship training program at Children's National Medical Center is open only to those qualified **applicants who have passed USMLE Step 3 or have a valid unrestricted license to practice medicine in the state where they reside. Scores (Step 1-3) must be accompany the application.**
- ❑ Match number (8-digit AAMC ID number assigned when applicant applies to the NRMP Match Program)
- ❑ If applicable, please submit a photocopy of your ECFMG certificate.



Please submit application to:
 Adair Parr, M.D., J.D.
 Director, Fellowship Training
 Dept. of Psychiatry and Behavioral Sciences
 Children's National Medical Center
 111 Michigan Avenue, N.W., Suite 1200
 Washington, D.C. 20010-2970
 Tel: (202) 476-4612
 Fax: (202) 476-2368

APPLYING TO:

- CNMC Child & Adolescent Psychiatry Fellowship**
- Combined NIMH-CNMC Fellowship**

Match No. _____

Name in full: _____

Permanent Address: _____ Phone: _____

Present Address: _____ Phone: _____

Daytime and evening telephone numbers where you can be reached:

Email: _____

Daytime: _____ Evening: _____

Social Security Number: _____

Date of Birth: _____ Birthplace: _____ Citizenship: _____

If foreign citizen, type of visa: _____ Visa #: _____

EDUCATIONAL BACKGROUND

A. College: _____ Major: _____

Degree: _____ Dates: _____

B. Other post-graduate degrees: College:

Subject: _____ Degree Received: _____ Date: _____

C. Medical School: _____ Date Started: _____ Date Completed: _____

ECFMG #: (if applicable) _____

Residency Training: *(begin with current program)*

Type of Program/PGY Year	Institution/Hospital Name & Location	Dates

Please submit copies of your current licenses and renewal coupons. **All** applicants must have a current license in the state where they practice. Please note that the residency training program at Children’s National Medical Center is open only to those **qualified applicants who have passed USMLE Step 3 (indicate scores below) or have a valid unlimited license to practice medicine in the state where they reside. Documentation of passing scores for Steps 1, 2, 3 must be provided with this application.**

Source of National Certification (**please circle**): National Board FLEX State Board Examinations

Dates	Scores (provide copy of each)

State licenses to practice medicine: (**provide copy for each**)

State	License Number

Awards and Honors: _____

Membership in organizations (professional & others): _____

Publications and scholarly presentations _____

References: In addition to the letter from your Residency Training Director, please request letters of recommendation from at least two senior psychiatrists who know your qualifications and current work; at least one must be a Child and Adolescent Psychiatrist. Please ask them to send their letters directly to **Dr. Daniolos** (address above).

****Beginning with the Residency Training Director, please list names/titles/addresses of your references here:**

A. _____

B. _____

C. _____

Each applicant must answer all of the following questions. If you answer "Yes" to any questions, a full statement of explanation must be provided on a separate sheet and attached.

	YES	NO	N/A
1. Have any disciplinary actions been initiated, or are there any such actions pending, against you by the District of Columbia or any state licensure board?	_____	_____	_____

2. Has your license to practice in the District of Columbia or any state ever been denied, suspended, modified, or revoked? _____
3. Have you ever been the subject of an investigation or otherwise restricted by any private, federal, or state agency concerning your participation in any private, federal, or state health insurance program? _____
4. Has your Controlled Substances Registration Certificate ever been limited, suspended, or revoked by the Drug Enforcement Administration (D.E.A.)? _____
5. Have you ever been named as a defendant in any criminal proceeding? _____
6. Has your employment, medical staff appointment, or privileges ever been suspended, diminished, revoked, or denied at any hospital or health care facility? _____
7. Have you ever been placed on probation or remediation? _____
8. Have you ever been requested to resign from a medical staff appointment or employment at any hospital or health care facility? _____
9. Has your practice been investigated at any hospital or institution? _____
10. Has your application for appointment to the medical staff of any other hospital or institution ever been denied? _____
11. Have you applied for appointment to the medical staff of any other hospitals? If so, what is the status of your application? _____
12. Have you resigned from the medical staff of any other hospital or institution? _____
13. Have your employment, appointment, category, or scope of privileges changed at any hospital or other institution? _____
14. Have you been appointed to the medical staff of any other hospitals since your initial appointment or last application for reappointment? _____
15. Have you ever been denied membership or renewal to the medical staff of any other hospital? _____
16. Has your professional liability insurance coverage ever been terminated by action of the insurance company? _____
17. Have you ever been denied professional liability insurance coverage? _____
18. Have any judgements or settlements been made against you, or are there any pending, in professional liability cases? _____
19. Have you ever had any problems with alcohol, drug dependency, or substance abuse? _____
20. Have you ever been denied health, life, or disability insurance? _____
21. Present health status: Good___ Fair___ Poor___ If fair or poor, state reasons on a separate sheet.

The information given in or attached to this application is accurate and fairly represents the current level of my training experience, capability, and competence to practice. As a condition to making this application, any misrepresentation or misstatement in or omission from this application, whether intentional or not, shall constitute a cause for automatic and immediate rejection of this application. In the event that an offer has been made or employment commenced, discovery of such misrepresentation, misstatement, or omission may result in automatic suspension of privileges, expulsion from the training program, and loss of employment.

Date: _____ Signature: _____