



CANCER AND
HEMATOLOGY CENTERS

Texas Children's Cancer & Hematology Centers 4th Year Fellowship Program Application

APPLICANT INFORMATION:

Academic Year: _____ Speciality _____
Last Name: _____ First Name: _____ MI: _____ Suffix: _____
Email Address: _____ Phone Number: _____
Date of Birth: _____ Gender: _____
Citizenship: _____
Country: _____

EDUCATION

University: _____ Degree: _____ From (mm/yy): _____ To (mm/yy): _____
Medical School: _____ Degree: _____ From (mm/yy): _____ To (mm/yy): _____
Graduate School: _____ Degree: _____ From (mm/yy): _____ To (mm/yy): _____

TRAINING HISTORY

Residency Program: _____ Specialty/Subspecialty _____ From (mm/yy): _____ To (mm/yy): _____
Fellowship Program: _____ Specialty/Subspecialty _____ From (mm/yy): _____ To (mm/yy): _____
Other: _____ Specialty/Subspecialty _____ From (mm/yy): _____ To (mm/yy): _____

LICENSURE

Do you have an active medical license?

If so, list the country, state(s) and active license number(s):

Country:	State:	License Number:
Country:	State:	License Number:
Country:	State:	License Number:

PROFESSIONAL REFERENCES – One (1) reference must be your fellowship director. An automated email will be sent to each reference, requesting a letter of recommendation.

Name	Relationship	Email Address	Phone Number
Name	Relationship	Email Address	Phone Number
Name	Relationship	Email Address	Phone Number

UNITED STATES BOARD CERTIFICATIONS

Pediatrics – Date Certified (mm/yy):

Pediatric Hematology/Oncology -

Within the last 10 years, have any claims, suits or incidents alleging malpractice been brought against you? No Yes

Have you ever been suspended from your medical work? No Yes

Explanations:

REQUIRED SUPPORTING DOCUMENTATION:

CV [attach to email]

Personal Statement, limit 2 pages [attach to email]

Explanation/Additional Documentation [attach to email]

3 Letters of Recommendation [emailed by reference to: txcheducation@texaschildrens.org]

I certify that the information submitted in this application is true, complete, and accurate. I understand that any misrepresentation will be cause for denial of appointment. Typed e-signature is acceptance of the disclaimer without a signature.

Signature

Date

Baylor College of Medicine is an Equal Opportunity Employer. I hereby certify that the facts provided pertaining to my employment at Baylor College of Medicine are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment which may be necessary in arriving at an employment decision. I understand that, if employed, any false statement on this application, receipt of unsatisfactory references, failure to complete the prescribed medical review, or failure to provide proof of legal employment status may result in termination of my employment. In connection with my application for employment with the Baylor College of Medicine, I authorize Baylor College of Medicine and/or its agents to procure a consumer report and/or investigative consumer report about my background, character or reputation, including, but not limited to, information as to my employment, education, consumer credit history (consumer credit history will only be verified if appropriate for certain job descriptions), driving record, social security number verification, criminal record and/or other public records history. I authorize all persons to fully disclose information relevant to this investigation. I release from liability all persons, companies and governmental or other agencies disclosing such information. I further authorize that a photocopy of this authorization may be considered as original. Additionally, I give the Baylor College of Medicine permission to investigate any incidents of workplace misconduct, including but not limited to; sexual harassment, of which I have been accused, for which I am alleged to have been involved during my employment. In consideration of my employment, I agree to abide by the policies and procedures of Baylor College of Medicine as now in effect, or as may be adopted or modified in the future, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the College or myself. If I am offered a position and I accept, I must verify my employment eligibility in the United States on or before the first day of employment. I understand that this application does not constitute a contract of employment and that no supervisor, official or representative of this College has any authority to enter into an agreement for employment with me for any specific period of time, or to make any agreement, orally or in writing, contrary to the foregoing.