

APPLICANT INFORMATION			
<b>Pediatric Oncology Clinical Research Training Program</b>			Desired Academic Year:
Last Name:	First Name:	MI:	Suffix:
Permanent Address:			
City:	State:	Zip Code:	Email Address:
Primary Phone Number:		Alternate Phone Number:	
Date of Birth(m/d/yyyy)	Gender:	Citizenship: If other specify:	
Do you have any conditions that might impair your participation in the program?			
EDUCATION			
College:	Degree:	From (mm/yy):	To (mm/yy):
Medical School:	Degree:	From (mm/yy):	To (mm/yy):
Other School:	Degree:	From (mm/yy):	To (mm/yy):
EMPLOYMENT			
(include residencies, fellowships, preceptorships, teaching appointments (clinical or academic) and postgraduate education all in chronological order.)			
Hospital:	Field:	From (mm/yy):	To (mm/yy):
Hospital:	Field:	From (mm/yy):	To (mm/yy):
Hospital:	Field:	From (mm/yy):	To (mm/yy):
Hospital:	Field:	From (mm/yy):	To (mm/yy):
LICENSURE			
Are you licensed to practice medicine? If so, list state(s) and license number(s):			
State:		License Number:	
State:		License Number:	
State:		License Number:	

**Texas Children's Cancer and Hematology Centers  
Pediatric Oncology Clinical Research Training Program**

<b>BOARD CERTIFICATION:</b>		
Pediatrics – Date Certified (mm/yy):		
Pediatric – Hematology/Oncology Board Eligible:	Board Certified: If Certified, Date (mm/yy):	
Have you ever had any claims, suits, or incidents alleging malpractice brought against you within the past 10 years? If yes, please explain below.		
Have you ever been suspended from your medical work? If yes, please explain below.		
<b>MEMBERSHIPS/PUBLICATIONS/AWARDS</b>		
(list any honorary/professional societies, awards, publications (including book chapters))		
<b>REFERENCES</b>		
Please provide the name and address of your Fellowship Director		
<b>Name, Professional Title</b>	<b>Address:</b>	<b>Telephone:</b>
Fellowship Director:		
Other:		
<b>Which Clinical Oncology Training Program Specialty Pathways are you interested in?</b>		
Clinical Pharmacology	Leukemia	Solid Tumor
Neuro-Oncology	Cell and Gene Therapy	

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**Personal Career Statement Regarding Clinical Pathway: (limit one page)**

**Texas Children's Cancer and Hematology Centers Pediatric  
Oncology Clinical Research Training Program**

**CHECKLIST (please provide along with application)**

Full CV  
Three (3) Letters of Recommendation (send separately by References)  
Summary of Clinical and Research Performance Evaluations  
Brief Research Proposal

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 imer 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.

Please submit, with required documents, to <mailto:txcheducation@texaschildrens.org>