

**Common Application for Clinical Fellowship**

Program Start Date 7/2022

**PROGRAM: Pediatric & Adolescent Gynecology**

All PAG fellowship programs will accept this common application. Please save a copy for your use.

**GENERAL INFORMATION**

NRMP # \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle (complete) Maiden (if applicable)

Present Address: \_\_\_\_\_ Telephone: ( ) Preferred  
\_\_\_\_\_ Telephone: ( ) Alternate

E-mail address: \_\_\_\_\_ Pager Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship Status:  US Citizen  US Permanent Resident  J-1 visa  H1-B Visa  
 Canadian Citizen  CDN Permanent Resident  Other Nationality: Specify: \_\_\_\_\_

Are you eligible or authorized to work in the US?  Yes  No Social Security Number: \_\_\_\_\_

Are you able to practice in Canada?  Yes  No

**Military Service**

Were you in the U. S. Armed Forces? Yes  No  Branch \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank/Grade \_\_\_\_\_

**MEDICAL LICENSURE**

State(s)/Province(s): \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you been or are you currently the subject of disciplinary proceedings by any state licensure agency? Yes  No

Have you been or are you currently the subject of disciplinary proceedings by any hospital? Yes  No

If you answered yes to either, please explain on an additional sheet and attach to this application.

**BOARD ELIGIBILITY AND/OR CERTIFICATION**

Are you US board certified?  Yes  No ABOG Certification date \_\_\_\_\_

If you are not yet certified, are you board eligible?  Yes  No If yes, when eligible? \_\_\_\_\_

Royal College of Physicians and Surgeons of Canada (FRCS(C)) Certification date \_\_\_\_\_

**EDUCATION**

**Undergraduate**

College/University: \_\_\_\_\_

City, State/Province if applicable and Country: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

**Medical School:**

City/State/Province if applicable and Country: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

E.C.F.M.G. (if foreign trained outside of US): Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Note: You must provide a copy of your valid ECFMG certificate

TOEFL IBT (if foreign trained outside of Canada): Passing score: \_\_\_\_\_ Note: Copy Must be provided

**CURRENT & PRIOR TRAINING**

**Internship**

Institution: \_\_\_\_\_ Dates: \_\_\_\_\_

Address/City/State or Province/Country: \_\_\_\_\_

Area of Training/Specialty: \_\_\_\_\_ Completed Program? Yes  No

**Residency**

Institution: \_\_\_\_\_ Dates: \_\_\_\_\_

Address/City/State or Province/Country: \_\_\_\_\_

Area of Training/Specialty: \_\_\_\_\_ Completed Program? Yes  No

**Fellowship**

Institution: \_\_\_\_\_ Dates: \_\_\_\_\_

Address/City/State or Province/Country: \_\_\_\_\_

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**EXPERIENCE**

Organization & Location	Position	Dates

Other Special Training, Skills, or Research Experience:

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**AWARDS/ACCOMPLISHMENTS (you may expand on this section in your CV)**

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**PUBLICATIONS & PRESENTATIONS (you may expand on this section in your CV)**

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The following documents are required to support your fellowship application:

- A minimum of three letters of recommendation. *One letter must be from the Director of your Residency Training Program.*
- Current *curriculum vitae*
- Copy of medical school diploma (with English translation if applicable)
- ECFMG certificate (if applicable)
- TOEFL IBT certificate (if applicable)
- Personal statement of career goals, with discussion of how you plan to use this training
- Official copy of USMLE or LCCE transcript

By my signature below, I certify that the information in this application is accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: Each PAG fellowship program has requirements in addition to this common application. To ensure that your application is complete, please contact the program to which you are applying for information about their specific institutional requirements. A list of PAG fellowship programs is available on the web at <https://www.naspaq.org/page/PAGFellowship>.**