



Pediatric Oncology Clinical Research Training Program



BAYLOR COLLEGE OF MEDICINE PEDIATRIC ONCOLOGY CLINICAL RESEARCH FACULTY FELLOWSHIP APPLICATION

Regular Post: **Texas Children's Cancer Center** Express/Courier service: **Texas Children's Cancer Center**
Department of Pediatrics **6701 Fannin Street, 14th Floor**
6621 Fannin Street, MC3-3320 **Houston, Texas 77030**
Houston, Texas 77030 **Phone: 832-824-4105**
Phone: 832-824-4105 **FAX: 832-825-4107**
FAX: 832-825-4107 (Attn: Cindy Nelson) **(Attn: Cindy Nelson)**

Administrative Use Only

Date Received:

APPLICANT INFORMATION:

Name: Last		First	Middle	Present Address:	
Telephone: Home		Telephone: Work		Social Security Number:	
Current Home Address:			Permanent Home Address (if different from Current Address):		
Birthdate (mm/dd/yy)	Place of Birth:		Citizenship:	If Non-citizen, are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Non-citizen and Permanent Resident, please provide a copy of your Alien Registration card.					
Do you have any conditions, which might impair your participation in the program? If so, please describe:					

EDUCATION:

College:	Degree:	From (mm/yy):	To (mm/yy):
Medical School:	Degree:	From (mm/yy):	To (mm/yy):
Other Degrees:	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):

Are you licensed to practice medicine? Yes No

If so, list states(s) and license numbers:

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

BOARD CERTIFICATION:

Pediatrics	Date Certified (mm/yy):		
Pediatric – Hematology / Oncology	Board Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Board Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Certified, Date Certified (mm/yy):

Have you had any claims, suits, or incidents alleging malpractice brought against you within the past ten years? Yes No
(If yes, please explain on a separate sheet and attach.)

Have you ever been suspended from your medical work? Yes No
(If yes, please explain on a separate sheet and attach.)

List membership in Honorary or Professional Societies, prizes, awards, publications, including books and special articles:

REFERENCES:

Name and address of your Fellowship Director and the name and address of another person, who is acquainted with your academic and professional experience, from whom we may request confidential statements in support of your application (the other reference should be a person with whom you have worked closely in your major field):

Name and Title:	Address:	Telephone:
Fellowship Director		
Other		

Which Clinical Oncology Training Program Specialty Track are you interested in?

- Clinical Pharmacology
- Neuro-Oncology
- Cell and Gene Therapy
- Leukemia
- Solid Tumor

CHECKLIST:

Along with this application, please provide the following:

- Brief Research Plan based on the Selected Clinical Research Track (not to exceed three pages)
- Full CV
- Letters of Recommendation (sent under separate cover by the Referrers)
- Summary of Clinical & Research Performance Evaluations
- Personal Career Statement regarding Specialty Track

Omission of any one item will result in the delay or dismissal of your application.

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. Application on line is acceptance of the disclaimer without signature.

Signature

Date

Baylor College of Medicine is an Equal Opportunity. 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.