

**Columbia University Medical Center
New York-Presbyterian Hospital**

Adolescent Medicine Fellowship Application

Effective Date: July 2011

Name _____
 First Middle Last

Present Mailing Address _____
 Number Street

City State Zip Code

Telephone Number: (_____) _____ (Home)
 (_____) _____ (Work)
 (_____) _____ (Cell)

Email Address: _____

Permanent Mailing Address: _____
 Number Street

City State Zip Code

U.S. Citizen: Yes _____ No _____

If not, has declaration of intent been filed? Yes _____ No _____

U.S. Visa No. _____ Classification _____ Expiration Date _____

New York State License: Yes _____ No _____

License No. _____ Expiration Date _____

Limited permit: Yes _____ No _____ Expiration Date _____

Military Status _____

Education:

Name	Location	Years Attended	Degree
College:	_____	_____	_____
Medical School:	_____	_____	_____
Other Graduate School:	_____	_____	_____
Internship:	_____	_____	_____
Residency	_____	_____	_____
Other	_____	_____	_____

Academic Honors:

Board Certification(s)/ date(s) received:

Thesis and/or publications: (if available, please submit reprints)

Membership in professional societies:

List fellowships, scholarships, previous grants received:

Please describe your prior research and/or teaching experience:

Why do you want to go into Adolescent Medicine?

What are your clinical interests?

What are your career goals? Where do you see yourself in 5 years?

At least three letters of recommendation from faculty physicians are required; one should be from your residency director or department chairman. Letters are to be sent directly to the address below. Please list the names of those writing these recommendations:

Name	Title	Address
1. _____		
2. _____		
3. _____		
4. _____		

A personal interview is required. An appointment will be scheduled at the applicant's request.

Please attach a current CV.

Return application to: Karen Soren, MD
Associate Clinical Professor of Pediatrics, Public Health
Director, Adolescent Medicine
Columbia University Medical Center
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VC-4, 402
New York, NY 10032

212-305-8195
Email: ks23@columbia.edu