

DEPARTMENT OF PEDIATRICS

Pediatric Hematology Oncology Fellowship Program

Mitchell S. Cairo, MD – Director

College of Physicians and Surgeons
Columbia University
180 Ft. Washington Ave, HP-5-506
New York, NY 10032

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College of Physicians and Surgeons
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161 Ft. Washington Ave, IP7
New York, NY 10032

Please attach a photo of yourself

(we do not judge based on appearance, a photo helps us personalize each application and refer back after interviews)

Application For Appointment

Please Type or Print
Please attach resume or Curriculum Vitae

Name (Last) (First)

1st yr. 2nd yr. 3rd yr. 4th yr. other
Position Desired (check one)

Street Address

Date available

City, State, Zip, Country

e-mail address

(_____) _____
Home phone

Cell phone

(_____) _____
Work phone

Date of birth

Male Female
(check one) Marital status _____

Citizenship

If not US citizen, list Visa type

Number of dependents

Undergraduate Degree (list type)

Institution

Year received

Medical Degree (list type)

Institution

Year received

Diplomate of National Board of Medical Examiners: Yes No NBME Cert. # _____ Yr. Issued _____

ECFMG Certificate (required for foreign medical graduates): Yes No ECFMG Cert. # _____ Yr. Issued _____

Internship: _____
Hospital / Institution City/ State

Type Dates: _____ From _____ To _____

Residencies: _____
Hospital / Institution City/ State

Service Dates: _____ From _____ To _____

Service Dates: _____ From _____ To _____

Please indicate if you are applying for any of the following alternative fellowship pathways*:

- Special Alternative Integrated Research Accelerated Research
 Subspecialty Fast-Tracking Dual Subspecialty Combined Subspecialty

* We will contact you in the future if receipt of approval documentation is necessary

List all American Board Certification with Dates: _____

Other Professional or Pertinent Training: _____

NY State medical license No.

Year Issued

Year Expires

If licensed to practice in another state or country please list: _____

DEA (narcotic) license number (required at Columbia/ New York Presbyterian Hospital): _____

Memberships in Medical Societies: _____

References (Three):

1. _____

2. _____

3. _____

You are responsible for acquiring three written references. Please have these written references sent to: Dr. Mitchell S. Cairo, Chief, Division of Pediatric Hematology and Blood & Marrow Transplantation, Director Pediatric Hematology/Oncology Fellowship Program, Columbia University, 180 Ft. Washington Ave, HP-5-506, New York, NY 10032

Please list your areas of work related interest if any: _____

Signature

Date

Please attach Resume or Curriculum Vitae