

# APPLICATION FOR CLINICAL FELLOWSHIP TRAINING IN PEDIATRIC NUTRITION

University of Colorado Anschutz Medical Campus

Department of Pediatrics, Section of Nutrition

University of Colorado School of Medicine

Mail Stop F561

12631 East 17th Avenue, Room 2605

Aurora, CO 80045

Thank you for your interest in our program. We are currently recruiting for 1 fellowship position.

**Application process:** Please complete and submit the following 4 items electronically to  
to Dr. Darcy Thompson ([ClinicalNutrition@ucdenver.edu](mailto:ClinicalNutrition@ucdenver.edu)):

1. Personal information form
2. Current Curriculum Vitae (CV) in format specified below.
3. Professional Statement
4. List of references

**Personal information form:**

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address (if different): \_\_\_\_\_

Day Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Citizenship: \_\_\_\_\_

VISA Status: \_\_\_\_\_

(if applicable) \_\_\_\_\_

Please let us know if you are interested in or will be applying to the T32 Nutrition Research

Fellowship: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe

**Statement of Applicant:**

- All information and materials submitted by me in this application is true to the best of my knowledge and belief.
- I understand that the information required herein is continuing in nature and I agree to provide any changes in the information provided; i.e., address, name, certification and dates, licensure, etc. I agree to furnish, upon request, an update on any information provided in this application.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Other materials:**

- You must submit a **CURRENT CV** formatted as follows:

### **1. EDUCATION**

- give a complete summary of all educational qualifications, including dates and issuing institutions
- list your internship and residency type, and any fellowship training with dates and institutions
- provide details of USMLE scores (or COMLEX/ECFMG)
- provide details of any Board certification including date and certificate number
- provide details of any state medical licenses, if applicable

### **2. ADDITIONAL TRAINING EXPERIENCE**

- list any additional training not included in the "Education" section such as assistantships, internships, practicums, or practice details
- If you did not complete a pediatrics residency, please include a detailed summary of your work in pediatrics

### **3. HONORS**

- list any honors including assistantships/scholarships, academic and service awards

### **4. EMPLOYMENT/VOLUNTEER WORK HISTORY**

### **5. MEMBERSHIP IN PROFESSIONAL AND/OR MEDICAL ASSOCIATIONS**

### **6. COMMITTEE WORK**

### **7. PUBLICATIONS/ SCIENTIFIC PRESENTATIONS (if applicable)**

### **8. TEACHING EXPERIENCE**

### **9. REFERENCES**

- list three individuals, including contact information (name, academic title, mailing address, email, telephone) who will provide letters of reference for you
- please see details below under 'list of referees' for qualifications for letterwriters

### **10. LANGUAGES SPOKEN (with proficiency – spoken, written, reading)**

- 11. GAP YEARS (if applicable):** Please explain any breaks in your training/education/work history that are greater than one month in duration.

- Your **PERSONAL STATEMENT** is a 1-2-page essay in which you describe the following:
  1. Your personal interest in clinical nutrition, focusing primarily on how this relates to your career goals.
  2. An explanation of how this program will facilitate your career goals.
  3. A description of all current and past clinical, research, and other activities related to nutrition and their relation to your decision to apply for this program.
  4. A specific description of how this fellowship will facilitate your future career in clinical medicine, research or academic medicine.
- **LIST OF REFERENCES**

In a separate document, for administrative purposes, please provide a list of three individuals, including contact information (name, academic title, mailing address, email, telephone) who will provide letters of reference for you (a duplicate of that included in your CV). One of these individuals must be your residency program director or fellowship program director (unless you completed your pediatric residency/fellowship over 8 years ago). At least two of the three letters must be from someone who can speak about your clinical competence in pediatrics.