APPLICATION FOR CLINICAL FELLOWSHIP TRAINING IN PEDIATRIC NUTRITION

Pediatric Clinical Obesity and Nutrition Fellowship University of Colorado School of Medicine Department of Pediatrics, Section of Nutrition University of Colorado Anschutz Medical Campus Children's Hospital Colorado 13123 East 16th Avenue, Mail Stop B065 Aurora, CO 80045-7106

Dear Applicant,

Thank you for your interest in our program. The University of Colorado School of Medicine's Department of Pediatrics and Children's Hospital Colorado offer a one-year Pediatric Clinical Obesity and Nutrition Fellowship Program. We are currently recruiting for one fellowship position to begin in July of each academic year.

For information about the Pediatric Clinical Obesity and Nutrition Fellowship, please visit the <u>Section of Nutrition Fellowship Homepage</u>.

For general inquires and application questions, please email Carolina Jensen, Fellowship Program Coordinator, at <u>ClinicalNutrition@CUAnschutz.edu</u>.

Best Regards,

Matthew A. Haemer, MD, MPH Fellowship Program Director

Stephanie P. Gilley, MD, PhD Fellowship Associate Program Director

Carolina Jensen Fellowship Program Coordinator



APPLICATION FOR CLINICAL FELLOWSHIP TRAINING IN PEDIATRIC NUTRITION

APPLICATION PROCESS

Please complete and submit the following 4 items electronically (see instructions below) to <u>ClinicalNutrition@CUAnschutz.edu</u>:

- 1. Personal Information Form
- 2. Curriculum Vitae (CV) and List of References
- 3. Personal Statement
- 4. Letters of Recommendations

APPLICATION FOR CLINICAL FELLOWSHIP TRAINING IN PEDIATRIC NUTRITION

1. PERSONAL INFORMATION FORM

Full Name:

Current Address:

Mailing Address (if different from current address):

Day Phone #:

Mobile Phone #:

Email Address:

Citizenship:

VISA Status (if applicable):

Preferred Position Start Date (MM/YYYY):

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

Statement of Applicant:

- All information and materials submitted by me in this application are 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:

APPLICATION FOR CLINICAL FELLOWSHIP TRAINING IN PEDIATRIC NUTRITION

2. CURRICULUM VITAE (CV)

You must submit a **<u>CURRENT CV</u>** formatted as follows:

a. 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 (or COMLEX/ECFMG)
- Provide details of any Board certification including date and certificate number
- Provide details of any state medical license, if applicable

b. Additional Training Experience

- List any additional training not including 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

c. Honors

- List any honors including assistantships/scholarships, academic and service awards
- d. Employment/Volunteer Work History
- e. Membership in Professional and/or Medical Associations
- f. Committee Work
- g. Publications/Scientific Presentations (if applicable)
- h. Teaching Experience
- i. References
 - List **<u>three</u>** individuals, including contact information (name, academic title, mailing address, email, and telephone) who will provide letters of recommendation for you
 - Please see details below under "Letters of Recommendations" for qualifications for letter writers
- j. Languages Spoken (with proficiency spoken, written and/or reading)
- k. Gap Years (if applicable)
 - Please explain any breaks in your training/education/work history that are greater than one month in duration

APPLICATION FOR CLINICAL FELLOWSHIP TRAINING IN PEDIATRIC NUTRITION

3. PERSONAL STATEMENT

Your personal statement is a 1–2-page essay in which you describe the following:

- Your personal interest in clinical nutrition, focusing primarily on how this relates to your career goals
- An explanation of how this program will facilitate your career goals
- 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
- A specific description of how this fellowship will facilitate your future career in clinical medicine, research, or academic medicine.

4. LETTERS OF RECOMMENDATIONS

In a separate document, please provide a list of three individuals, including contact information (name, academic title, mailing address, email, and telephone) who will provide letters of recommendations for you (a duplicate of that including 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
- Note for Letter Writers: Letters of Recommendations should be emailed directly from the author to <u>ClinicalNutrition@CUAnschutz.edu</u>