



Pediatric Global Health Services Fellowship Application

Application Deadline November 1, 2021

All fellowship candidates must be American Board of Pediatrics board certified or board eligible before the July 1, 2022 fellowship start date. This generally means that fellows will have completed a residency in Pediatrics in the US or Canada. We regret that we cannot accept applications from candidates who do not meet this criterion.

All application materials below must be received in full before the application deadline of **Monday, November 1**st, **2021 at 12:00pm ET.**

Please submit the following items by email to the Boston Children's Global Health Program Manager (ATTN: Carolyn Baer) at globalhealth@childrens.harvard.edu

- 1. This application form
- 2. CV (see last page)
- 3. Personal statement specific to a career in Pediatric global health (see last page)
- 4. Two recommendation letters specifically related to your previous global health work sent directly from the recommender by email to: globalhealth@childrens.havard.edu

Please feel free to contact us at (617) 919-6438 or shela.sridhar@childrens.harvard.edu or globalhealth@childrens.harvard.edu with any questions about the fellowship or your application.





APPLICANT INFORMATION

First Name	Last Name		Suffix (MD DO M	Suffix (MD, DO, MPH)			
THIST NAME	Last Ivali	ic	Sullix (IVID, DO, IVI	Sum (IND, DO, INF II)			
Email			Country of Citizenship				
Contact Address							
Street Address							
City	State		Postal Code	Country			
Home Phone (if different from mobile)	Mobile P	hone					
	EDUCATI	ON AND TRAINING					
Undergraduate Education							
Institution (City, State/Country)		Dates Attended	Study				
Medical School			·				
Institution (City, State/Country)		Dates Attended	Degree, Field of S	Degree, Field of Study			
Internship/Residency/Fellowship							
Institution (City, State/Country)	Dates A	ttended	Specialty				
Other Graduate Education			,				
Institution (City, State/Country)	Dates A	ttended	Degree, Field of S	Degree, Field of Study			



If no, please explain:



LICENSING AND CERTIFICATION

USMLE – Step 1 (3 Digit Score)		mpts) Date					
USMLE – Step 2 CK (3 Digit Score)			Date				
USMLE – Step 2 CS (pass/fail)			Date				
USMLE – Step 3 (3 Digit Score)			Date				
to a grown of							
*To be completed by December	2021				_		
Education Commission for Foreign N	∕ledical	Gradua	tes Certific	ation		_	
Are you certified by the ECFMG?		Yes	No	N	ot Applicable		
If yes, provide your ECFMG Number:							
	Cer	rtificate Nu	ımber		Valid dates		Issuing Agency
Active Medical Licenses	Cer	rtificate Nu	ımber		Valid dates		Issuing Agency
Active Medical Licenses	Cer	rtificate Nu	ımber		Valid dates		Issuing Agency
Active Medical Licenses	Cer	rtificate Nu	ımber		Valid dates		Issuing Agency
Active Medical Licenses Type		rtificate Nu	ımber		Valid dates		Issuing Agency
Active Medical Licenses Type Pediatric Board Eligibility/Certificati	ion			ad in n		ulv 1 f	
Active Medical Licenses Type	ion			ed in p		uly 1 f	





CURRICULUM VITAE

Send your CV as a separate file attached with your submission. Be sure to include awards, honors, and publications in your CV. List research, work, volunteer, leadership roles and significant international / global health travel experiences with dates (month and year) and nature of your involvement.

PERSONAL STATEMENT

Include with your submission a file with your personal statement specific to a fellowship in pediatric global health. Include your name at the top of the page. Please limit your personal statement to **one single-spaced page.** In drafting your personal statement, consider the following:

- 1. What parts of pediatric international/global health interest you and why?
- 2. Describe any research projects you would like to complete during your residency/fellowship or existing partnerships you'd like to work with.
- 3. In what type of setting do you see yourself working after your fellowship?
- 4. How do you plan to integrate global health into your career?