



APPLICATION FOR
NON-OPERATIVE PEDIATRIC ORTHOPEDICS FELLOWSHIP
CHLA JACKIE AND GENE AUTRY ORTHOPEDIC CENTER

Start date: Aug 1, _____ (please enter the year for which you are applying)

PERSONAL DATA:

Last Name First Middle

Current Address

City State Zip Code Country

Telephone: Home Work Cell

Permanent Address

City State Zip Code Country

Email address: Fax (optional)

Citizen of U.S.: [] Yes [] No

Visa Status:

USMLE Scores: Step 1 Step 2 CK Step 3

COMLEX Scores: Level 1 Level 2-CE Level 3

ORTHOPEDICS EXPERIENCE (attach additional pages, if necessary):

Orthopedic/Sports Medicine Rotations (date, type, location, instructor):

Four horizontal lines for entering rotation details.

EDUCATION: Medical School and Residency Program:

Research Interests/Experience/Past Projects:

Please also attach:

- Curriculum Vitae
- Personal Statement - Include Career Goals
- 3 confidential letters of reference—must include:
 - 1 from Residency Program Director
 - 2 of applicant’s choice

I certify that the information given or attached is true, accurate and complete.

Signature

Date

Applications will be accepted at any time. Likewise, fellowship offers may be extended at any time, so early submission is recommended for priority consideration.

Only highly qualified applicants with complete applications will be invited to interview.

Please email this application and additional documents to:

**Melissa Bent, MD - Program Director
Non-operative Pediatric Orthopedics
Jackie and Gene Austry Orthopedic Center
4650 Sunset Blvd, #69
Los Angeles, CA. 90027**

c/o Daryl MacLaren - Program Manager

Phone: (323)361-7666 Fax: (323)361-1310 email: dmaclaren@chla.usc.edu