Arkansas Children's
HOSPITALS · RESEARCH · FOUNDATION

UAMS
COLLEGE OF MEDICINE
DEPARTMENT OF PEDIATRICS
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Application for Clinical Fellowship / Instructorship in Advanced Pediatric and Congenital Cardiovascular Imaging

Demographics:

Name:

Previous Last Name (if applicable):

Personal E-mail Address:

Cell Phone:

Contact Address:

City, State, Zip:

Permanent Address (if different):

☐ Same as Contact Address

Gender and Preferred Pronouns:

Birth Date: Place of Birth:

Citizenship:

U.S. Citizen

If non-U.S. citizen, select: one from the list by clicking here

Select all that may apply:
- ☐ B-1 Temporary Visitor for Business
- ☐ F-1 Academic Student
- ☐ H-1B Temporary Worker in Specialty Occupation
- ☐ J-1 Exchange Visitor
- ☐ O-1 Person of Extraordinary Ability
- ☐ TN NAFTA Trade for Canadians and Mexicans

Will you need "visa sponsorship" for this position? No

Military Service:

Never Served / Not a Veteran

Describe any remaining service obligations:

Examinations: Please include USMLE, NBME, COMLEX, ABP, etc. examinations.

Exam: Date:

Status: Passed on first attempt Score(s):

Exam: Date:

Status: Passed on first attempt Score(s):

Exam: Date:

Status: Passed on first attempt Score(s):

Exam: Date:

Status: Passed on first attempt Score(s):

Exam: Date:

Status: Passed on first attempt Score(s):

Additional Materials: The following are requested to support your application:

- Three letters of recommendation, one of which should be from the Director of your most recent/current Fellowship Training Program
- Current Curriculum Vitae
- Personal statement
- Recent photograph

Attestation:

☐ *I certify that the information I have provided in my application and additional materials is complete and accurate to the best of my knowledge. I understand that false or missing information may disqualify me from the position and result in my dismissal, regardless of when discovered.*

☐ *I authorize a representative of UAMS/ACH to consult anyone who may have information bearing on my competence, ethics, character, and other qualifications. I release from any liability, to the fullest extent permitted by law, all individuals and organizations who provide such information in good faith, including otherwise confidential information.*

Signature: Date:

May be electronic signature