



Emory University School of Medicine
Fellowship Application
PEDIATRIC TRANSPLANT HEPATOLOGY



Applications and supporting materials should be addressed to:

Rene Romero Jr., MD
Emory University School of Medicine
Emory Children's Center
2015 Uppergate Drive
Atlanta, GA 30322



Email: rene.romero@choa.org

A completed file will include:

1. Completed application form
2. Current curriculum vitae
3. Personal statement (The personal statement should include a description of previous research and clinical experience, reason for interest in a Pediatric Transplant Hepatology Fellowship, and an indication of your career goals.)
4. Three letters of reference. One letter should be from the Director of your Fellowship Training Program.
5. USMLE Steps 1, 2, and 3 Score Reports
6. Official Medical School Transcript
7. ECFMG Report, if applicable
8. A recent photograph

Name: _____
Last First Middle

Date to begin desired training: _____

Present Address: _____

Home Telephone: _____

Work or Cell Phone: _____

Email Address: _____

Male _____ Female _____

Are you legally eligible to work in the United States? _____

Social Security Number: _____

DOB: _____

Visa Type and Number, if applicable: _____

Undergraduate Education (include dates & degrees): _____

Medical School and Dates: _____

Other Graduate Education & Degrees: _____

Residency: Include Program(s), Dates, and Chief(s) of Service:

USMLE Scores/Dates: Step 1: _____/_____ Step 2 (C. Knowledge): _____/_____

Step 2 (C. Skills): Pass / Fail / _____ Step 3: _____/_____

Military, Public Health, or Practice experience, if any: _____

Present Position and Institution: _____

Dates of National Board and Specialty Boards and Scores (if available)

Academic Honors: _____

Present Membership in Organizations (Scientific, Professional and Others)

Research Experience & Bibliography (List name and address of supervisor or co-workers. If reprints or abstracts of your work are available, please enclose.)

Please describe any personal health issues that might affect your work:

Hobbies/Interests: _____

Reference Address list:

1. _____
2. _____
3. _____

Medical School Transcript(s) from: _____

ECFMG Report Included: Yes No N/A

Signature of Applicant: _____ Date: _____