NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

International Scholars Program Application

Every question must be answered.
All Applicants must include with application:

1. Curriculum Vitae – Include education and professional experience
2. One color picture of yourself no larger than 2 ½ x 3 ½ inches
3. Proof of English Competency (e.g. TOEFL, letter from NCH staff, academic grade)
4. Copy of medical degree of license with certified English translation
5. Immunization record and either a negative tuberculin skin test OR a chest x-ray report taken within 6 months on this form
6. Previous International Education Experiences
7. Campus Housing Application

When completed, please click the Submit button at the top right corner of this form.
You may also download it, save it and send it to:

Nationwide Children's Hospital
International Scholars Program
700 Children's Drive
Columbus OH 43205
ISP@NationwideChildrens.org

Please email ISP@NationwideChildrens.org if you have any questions.

Please check the program you are applying for:

Stecker Scholarship	
Affiliated Institution: China, Amsterdam, etc	
Rotary	
Independently Funded	

Today's Date: _____

First Name : _____

Last (Family) Name:_____

Gender: Male_____ Female_____

Home Street Address: _____

City:_____

Province:_____

Country: _____

Postal Code/Zip Code: _____

Email Address: _____

Home Phone Number (including country code):_____

Mobile Phone Number (including country code):_____

Date of Birth (Month/Day/Year):_____

Place of Birth (including City/Province/Country): _____

_____

Citizenship (Country):_____

Your Profession:_____

Academic Appointment (if any):_____

Area of Specialty:_____

Job Title:_____

Name of College or University:_____

_____

_____

Name of Hospital:_____

Is this a children's hospital? Yes:_____ No:_____

Work Address (including City/Province/Country):

_____

_____

_____

Work Phone Number (include country code):_____

Fax Number:_____

Work Email Address:_____

Emergency Contact in Home Country – Name and Phone Number:

_____

_____

_____

Requested Visit Dates: FROM:_____TO:_____

Alternate Dates: FROM:_____TO:_____

PLEASE ALLOW THREE TO SIX MONTHS FOR APPLICATION PROCESSING

Goals Statement: List what you wish to accomplish during your stay at Nationwide Children's Hospital. Please be specific and give details.

Describe how your participation in this program will influence health care for children in your country upon your return. Please be specific.

Please list number of health care professionals you have taught in the last year:

Allied Health	Nurses	Medical Students	Residents/ Fellows	Attending Physicians

Please describe any other teaching activities or academic projects (courses taught, curricula or lecture series developed, etc.

Please describe any previous international education you have had.

Have you received training in the USA or other country for one month or longer? ___Yes ___ No
If yes, for each program, please complete the following:

Program Clinical/Research	Country	Institution	Dates	Purpose
EXAMPLE: Lab research in genetics	*USA*	*University of Americas*	*9/2007-8/2008*	*Learn gene splicing and genetic research*

Are you <u>currently</u> participating in an educational program outside of your home country?
___Yes ___ No. If yes, please identify:

Institution _____ Country _____
Program _____
Dates _____ Clinical _____ Research _____

Please briefly describe the patients you serve in your home practice (ages, major diagnoses, common co-morbidities) & the facilities/equipment you use to deliver care.

Please list number of patients you serve for each age group.

	< 1 Year	1 – 5 Years	6 – 12 Years	13 – 21 Years	> 21 Years
# of Patients					

What are the top three diagnoses in your practice?

Diagnosis	Number of Patients

What are the top three procedures that you perform?

1._____

2._____

3._____

Please Provide the Following Information About Your Facility

Number of adult beds in your hospital	
Number of adult beds in your ward	
Number of pediatric beds in your hospital	
Number of pediatric beds in your ward	
Number of operating rooms	
Number of specialists in your institution	

The types of specialties

Does your institution receive referrals from other Hospitals? _____Yes _____No

If yes, what are the top 2 diagnoses of the referred patients?	What percentages of patients are treated with this diagnosis?

List the major equipment you routinely use:

1._____

2._____

3._____

4._____

What types of research and quality improvement projects are you currently working on at home? Please tell us about your:

Clinical/Quality Improvement Projects:

Clinical and Basic Science Research Projects: