

Nationwide Children's Hospital
Academic Pediatric Acute Care Fellowship
Application

All applicants interested in applying for the NCH Academic Pediatric Acute Care Fellowship should contact the Program Coordinator or Program Director(s) and submit this completed application.

Personal Information

Profile

First Name:	
Middle Name:	
Last Name:	
Suffix:	
Email:	
Phone:	
Emergency Contact (Name and Number):	

Mailing Address

Street Address:	
City:	
State/Province:	
Zip/Postal Code:	

Citizenship

- ☐ US Citizen
- ☐ US Permanent Resident
- ☐ Other (Please list):

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Education and Training

College:

Name of College or University	Location	Dates of Attendance	Degree

Medical School:

Name of College or University	Location	Dates of Attendance	Degree

Internship:

Name of College or University	Location	Dates of Attendance	Degree

Residency:

Name of College or University	Location	Dates of Attendance	Degree

Other relevant training:

College or University	Location	Dates of Attendance	Degree

Employment:

Institution or Business Name	Location	Dates of Employment	Position

Volunteer Experience:

Organization	Location	Dates of Involvement	Role

Research Experience:

Institution Name	Location	Dates of Involvement	Role

Was your medical education/training extended or interrupted? ☐ Yes ☐ No

If YES, please note the date and comment:

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Licensure Information

This section allows entries for each of your state medical licenses.

Have you passed the USMLE Step 1? ☐ Yes ☐ No

Have you passed the USMLE Step 2? ☐ Yes ☐ No

Have you passed the USMLE Step 3? ☐ Yes ☐ No

Current Medical License(s)

(Note: If you do not have a current medical license, skip to the “Board Certification” questions.)

State	License Type	License Number	Expiration Month/Year

DEA Number (DEA is for US Medical License holders only)

DEA Number	Expiration Month/Year

1. Has your medical license ever been suspended, revoked, or voluntarily terminated?

☐ Yes ☐ No

If YES, please note the date and comment:

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2. Have you ever been named in a malpractice case? ☐ Yes ☐ No

If YES, please note the date and comment:

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3. Is there anything in your past history that would limit your ability to be licensed or would limit your ability to receive hospital privileges? ☐ Yes ☐ No

If YES, please note the date and comment:

Board Certification

Are you Board Certified? ☐ Yes ☐ No

If NO, will you be Board Eligible by the beginning of the fellowship? ☐ Yes ☐ No

Board Name:

Are you Board Certified/eligible for more than one Board? ☐ Yes ☐ No

If YES, will you be Board Eligible by the beginning of the fellowship? ☐ Yes ☐ No

Board Name:

Letters of Recommendation

Please provide three (3) letters of recommendation. If you are within five years of residency training, one letter must be from your Residency Program Director or their designee. Make sure each letter writer receives a [Confidential Reference Report](#). A report must be submitted alongside each letter of recommendation.

Letter writers should submit their letters of recommendation along with a Confidential Reference Report via email directly to the Fellowship Program Coordinator or Director(s). Please see Appendix 1 for a comprehensive list of email addresses. It is the fellowship applicant's responsibility to request letters from their references.

Reference 1

Name and Title	
Contact Information <ul style="list-style-type: none">• Address:• Email:• Phone:	

Reference 2

Name and Title	
Contact Information <ul style="list-style-type: none">• Address:• Email:• Phone:	

Reference 3

Name and Title	
Contact Information <ul style="list-style-type: none">• Address:• Email:• Phone:	

Personal Statement

Please attach a one-page (500-1000 words; single-spaced) personal statement explaining why you wish to complete a fellowship in Academic Pediatric Acute Care. Please include the following: a description of your career goals, how the fellowship may assist you in achieving them, your scholarly/research interests, and how you envision your career five years after completion of this fellowship. You may want to include how past experiences have influenced your decision to apply and mention special areas of interest. *(Please include your name on the attachment.)*

Attestation

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position, or if employed, may constitute cause for termination from the program. I also understand and agree that the data included in this application may be shared within the fellowship program to which I am applying.

☐ *I agree with the above attestation.*

Signature:

Date:

Checklist for Submission

- [] Contact the program in order to:
 - ✓ Introduce yourself
 - ✓ Verify the deadline for application submission
 - ✓ Determine if there are any other program specific documents that need to be submitted to be considered for the fellowship
 - ✓ Ask any additional questions you may have
- [] Submit the following items via email directly to Fellowship Program Coordinator or Director**:
 - ✓ Completed NCH APAC Fellowship Application
 - ✓ Personal Statement – Please include your name on the attachment.
 - ✓ Updated Curriculum Vitae

***Please see Appendix 1 for a comprehensive list of email addresses.*

[] Instruct your three (3) letter writers to submit their letters of recommendation and a completed Confidential Reference Report via email directly to the Fellowship Program Coordinator and/or Director(s)**.

***Please see Appendix 1 for a comprehensive list of email addresses.*

Appendix 1:

NCH APAC Fellowship Program Contact Information, Submission Deadlines, & More

Program	Contact Information	Submission Deadline	Supplemental Application Materials Required?
<i>Academic Pediatric Acute Care Fellowship</i> Nationwide Children's Hospital/The Ohio State University	Program Directors: Luciana Berg, MD Luciana.berg@nationwidechildrens.org Cynthia Zimm, MD, MBA Cynthia.zimm@nationwidechildrens.org Program Coordinator: Dylan Shapland Dylan.Shapland@nationwidechildrens.org 614-355-7242	<i>Recruitment starts in September.</i> <i>Application deadline for 2025-26 is March 1st, 2025.</i>	<i>No</i>