



Boston Children's Hospital
Division of General Pediatrics

COMPLEX CARE FELLOWSHIP APPLICATION

1. Applicant Information:

Full Name:	
Email Address:	
Telephone:	
Mailing Address:	

2. Letter of Intent: Please attach a one-page letter of intent explaining why you want to pursue a fellowship in Complex Care. Please include a description of your career goals, how the fellowship may assist in achieving them, prior experiences relevant to complex care, and scholarly/research interests.

3. Curriculum Vitae: Please provide an updated CV with your application.

4. References: Please provide three letters of recommendation. Current residents and applicants who have completed their training within the past five years should list their Residency Program Director, and two other (current) references of their choice. References should email letters directly to the program coordinator at the address below.

Reference 1:

Name:	
Contact Information:	

Reference 2:

Name:	
Contact Information:	

Reference 3:

Name:	
Contact Information:	

SIGNED

DATE

PLEASE RETURN COMPLETED APPLICATION TO:

Olivia Deverix
Program Coordinator, Division of General Pediatrics
Boston Children's Hospital
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