



Application for Pediatric Clinical Observer Program

West Virginia University Department of Pediatrics

Applicant Information

Full Name: _____ Date: _____

Date of Birth: _____ (MM/DD/YYYY) Nationality: _____ Gender: _____

Current Mailing Address: _____ (Street Address)

_____ (City, State, ZIP Code)

Phone: _____ E-mail Address: _____

Email will be the primary method of contact between the WVU Pediatric Clinical Observer Program and the applicant.

References: Please include the name of the physician who has provided a reference /LOR

Name and Current Mailing Address: _____ (name)

_____ (address)

_____ (address)

Education. Please list the name of each institution attended. Provide the address of the institution and dates of attendance. Please use a separate sheet of paper if necessary.

1. Name and Address: _____

Degree/certificate and dates attended: _____

2. Name and Address: _____

Degree/certificate and dates attended: _____

3. Name and Address: _____

Degree/certificate and dates attended: _____

4. Name and Address: _____

Degree/certificate and dates attended: _____

USMLE Scores

- 1. Step I: _____ (Date, Score) First Attempt Y or N
- 2. Step II: _____ (Date, Score) First Attempt Y or N
- 3. Step II CS: _____ (Date, Score) First Attempt Y or N
- 4. Step III: _____ (Date, Score) First Attempt Y or N

Postgraduate Experience: Please list the name and address of each program and/or experience attended regardless of whether the program was completed or credit was received.

- 1. Name and Address: _____
Degree/certificate and dates attended: _____
- 2. Name and Address: _____
Degree/certificate and dates attended: _____
- 3. Name and Address: _____
Degree/certificate and dates attended: _____
- 4. Name and Address: _____
Degree/certificate and dates attended: _____

Questions (Please Circle Response)

- | | | |
|---|-----|----|
| Is any criminal action pending against you? | Yes | No |
| Are you required to register as a Sex Offender? | Yes | No |
| Have you ever been denied a license to practice medicine in any country? | Yes | No |
| Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts by any medical board, other agency or hospital? | Yes | No |
| Have you been treated for or had a recurrence of diagnosed addictive disorder? | Yes | No |
| Do you have any condition which in any way impairs or limits your ability to practice medicine safely? | Yes | No |

Application Checklist

- Completed Application for Pediatric Clinical Observer Program
- Completed Rotation Request Form
- CV
- Proof of Up-To-Date immunizations
- Visiting Non-Clinician Information and Release Form
- Medical School Transcript
- One letter of reference from a clinical rotation
- ECFMG certificate
- Copy of Visa (if applicable)
- 1 passport photo
- WVU Confidentiality and Security Agreement
- \$100 cashier's check or money order for non-refundable application fee made out to:
West Virginia University

Please note that any document written in a language other than English must be accompanied by an original, official translation.

Please **Mail** the completed packet to the following address. Documents that are emailed or faxed will not be accepted.

West Virginia University School of Medicine

Department of Pediatrics

Attn: Clinical Observer Program, Room 4422

PO Box 9214

Morgantown, WV 26505

Disclaimer and Applicant Signature

I certify that my answers are true and complete to the best of my knowledge. I have read the Pediatric Clinical Observer Program Overview and submit my application for the Program at West Virginia University, Department of Pediatrics.

Signature: _____ Date: _____