

Verification of Academic Eligibility

Applicant's Name: _____

Degrees: _____

Education:

Begin with baccalaureate degree. Applicants must hold an MD or DO degree.

Degree	Year	Field	Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Scientific and Clinical Training:

Applicants must have completed pediatric residency training and be accepted to an ABP-approved fellowship program and actively engaged in such training during this funding period (2009-2010) to be eligible. Please include all dates regardless of whether they are inclusive of other training.

	Dates	Institution
PL-1	To	
	To	
PL-2	To	
	To	
PL-3	To	
	To	
Clinical Testing	To	
	To	
Research	To	
	To	