



Fellowship in Pediatric Health Services Research Application
Division of General Pediatrics
University of Michigan Health System

Name Last First Middle

Address Street City State Zip

Telephone Social Security Number

Are you a US Citizen? Yes No

Please enclose the following:

- 1) Curriculum Vitae, with detailed information about Education, Residency Training, US Military Public Health Service training, Academic Honors, Previous Research Experience, and Publications.
2) Personal Statement about your reasons for applying to this Fellowship program, your career goals and research interests, and your relevant background and experience (not to exceed 3 pages).
3) Letters of Recommendation from three faculty with whom you have worked within the past three years.

Mail completed application and letters of recommendation to:

Matthew M. Davis, MD, MAPP
Assoc Professor of Pediatrics and Communicable Diseases
Director, Fellowship Program in Pediatric Health Services Research
University of Michigan
300 NIB, 6C23
Ann Arbor, MI 48109-5456

Federal Government regulations require the University of Michigan to maintain records of applicants by gender, race, and Vietnam era Veteran status. Please assist us by providing the requested information. Providing this information is strictly voluntary on your part, and is not required to complete your application.

- Female
Male
Vietnam-era Veteran
1-African-American/Black (not of Hispanic origin)
2-Asian or Pacific Islander (includes the Indian sub-continent)
3-American Indian or Alaskan Native
4-Hispanic/Latino (Spanish culture or origin, regardless of race)
5-White (persons not of Hispanic origin, having origins in any of the original peoples of Europe, North Africa, or the Middle East)
6-Race not included above
Please specify
Are you multiracial or multi-ethnic (parents are of two or more of the above groups)? Yes No
If yes, please specify