

APPLICATION

RESIDENT ELECTIVE IN PEDIATRIC HEALTH SERVICES RESEARCH
Child Health Evaluation and Research (CHEAR) Unit
Division of General Pediatrics
University of Michigan Health System

Name Last First Middle

Address Street City State Zip

Telephone Social Security Number

- Pediatrics
Medicine/Pediatrics
Current Year in Residency Training

Please include the following:

- 1) Curriculum Vitae with detailed information about education, residency training, US military or public health service training, academic honors, previous research experience, and publications.
2) Personal Statement about your reasons for applying to this elective program, your career goals and research interests, and your relevant background and experience (not to exceed 3 pages).
3) Letters of recommendation from two faculty with whom you have worked within the past three years.

Mail completed application materials to:

Matthew M. Davis, MD, MAPP
Assoc Professor of Pediatrics and Communicable Diseases
Director, Resident Elective 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 include above
Please specify

Are you multiracial or multi-ethnic (parents are of two or more of the above groups)?
If yes, please specify which groups