

SECTION OF PEDIATRIC RADIOLOGY  
2401 Gillham Road  
Kansas City, Missouri 64108  
<http://www.childrens-mercy.org>

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### APPLICATION FOR FELLOWSHIP

Name \_\_\_\_\_  
*Last First Middle (complete) Maiden (if applicable)*

Desired starting date: \_\_\_\_\_ Are you a US citizen? Yes No If no, visa type: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Are you eligible or authorized to work in the US? Yes No

Present address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permanent address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Pager No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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#### Education and Training

College/University  
Name: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Dates attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Medical School  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ City, State: \_\_\_\_\_

Internship  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ City, State: \_\_\_\_\_

Residency  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ City, State: \_\_\_\_\_

Fellowships, other special training or skills, research experience:

Honors and awards:

Medical interests:

*(Use separate sheet of paper if necessary)*

Military Service Were you in the US armed forces? No Yes Branch: \_\_\_\_\_

Dates of duty: \_\_\_\_\_ Rank/Grade: \_\_\_\_\_

Medical licensure: \_\_\_\_\_ States: \_\_\_\_\_

Have you been or are you currently the subject of disciplinary proceedings by any state licensure agency? Yes No

Have you been or are you currently the subject of disciplinary proceedings by any hospital? Yes No

*If you answered yes to either, please explain on an additional sheet and attach to this application.*

Flex: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

National Board No. \_\_\_\_\_ Part I \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

\_\_\_\_\_ Part II \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_

\_\_\_\_\_ Part III \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_

ECFMG (If foreign trained) \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Members of CHILDREN'S MERCY HOSPITALS AND CLINICS faculty, medical staff, or house staff known by this applicant: \_\_\_\_\_

**The following are required to support your application:**

- Three letters of recommendation (one letter should be from the director of your residency training program)
- Current curriculum vitae
- A recent photograph (optional)

*I certify that the facts and information I have provided on this application, on other pre-employment documents, and during interviews are true and complete. I agree that if I receive an appointment, incorrect, incomplete, or falsified information will be grounds for dismissal, regardless of when discovered.*

*I agree to observe all present and subsequently issued personnel policies and procedures of CMHC.*

*I understand that in consideration of the hospital's patients, CMHC maintains a smoke-free workplace.*

*I hereby give my permission and authorize representatives of Children's Mercy Hospital and Clinics to investigate any or all of the statements I have made in this application for employment. As part of my employment application, I have consented to allowing the Hospital to obtain various reports, which may include a criminal background investigation, licensing information and, for some jobs, driving records. I understand that the Hospital may use these reports to evaluate the truthfulness of the information I have provided. The Hospital may also use this information to evaluate the best candidate for the position for which I have applied. In the event the Hospital receives a report that adversely affects this evaluation, I will be provided a copy of the report. I will have 24 hours to provide information if I believe the report is incorrect.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_