

CHILDRENS HOSPITAL LOS ANGELES
DIVISION OF HEMATOLOGY-ONCOLOGY

4650 Sunset Blvd. MS #54
Los Angeles, CA 90027

Walter E. Laug, MD, Fellowship Program Director, Telephone (323) 669-2375, wlaug@chla.usc.edu
FAX: 323-664-9455

Application for Fellowship in Pediatric Hematology-Oncology to begin: July 1 20

Name _____ Birthdate _____

Mailing Address _____

Birthplace _____ Social Security _____

Telephone: (Work) _____ (Home) _____

E-mail: _____

Pediatric Residency _____ Dates _____

Address _____

Medical School _____ Dates _____

College _____ Dates _____ Degree _____

Specialty Board Certification _____ No. _____ Date _____

License to practice in (State, US) _____ No. _____ Date _____

Citizenship _____ Type of Visa (if applicable) _____ Visa No. _____

For International Medical Graduates:

ECFMG: Certificate No. _____ Date _____

USMLE: Step 1 _____ Date _____

Step 2 _____ Date _____

Additional Information Needed:

1. Transcript of your scholastic record from the Dean of your medical school.
2. Copy of your medical degree.
3. Current curriculum vitae.
4. Three letters from faculty members familiar with your work.

Send directly to: Walter E. Laug, M.D.
Division of Hematology-Oncology, MS #54
Childrens Hospital of Los Angeles
4650 Sunset Blvd. MS #54
Los Angeles, CA 90027

Date _____ Signature _____

Background and Experience:

Additional Training:

Clinical or Laboratory Research Experience:

Publications:

Career Plans:

(Please use additional sheets as necessary)