

Harvard Medical School Genetics Training Program

General Application

For more details on the requirements and application process, please visit the application web page:
<http://www.genetictraining.org/application-genetics-training-program/>

General Information

Below, please check only one box which represents the specialty of primary interest. Interest in additional specialties can be noted in your personal statement. However, applications to other specialties are possible only after successful completion of three months in the primary specialty. (* denotes a required field.)

Clinical Residency/Fellowships (For opening status/application process of Medical Genetics and other combined genetics training program please refer to the website: http://www.genetictraining.org/application-genetics-training-program/)	<input type="checkbox"/> Medical Biochemical Genetics
Lab Fellowships	<input type="checkbox"/> Clinical Biochemical Genetics <input type="checkbox"/> Laboratory Genetics Genomics

*Desired year of matriculation (yyyy):	
* First Name	
Middle Name	
* Last Name	

E-mail Address	
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* Present Mailing Address	

Telephone (Primary)		Telephone (Cell/Alternate)	
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Permanent Home Address (If different than mailing address)	

Birthdate (mm/dd/yy)		Place of Birth	
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Ethnicity	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Middle Eastern	If "Other" please specify:
	<input type="checkbox"/> American Indian	<input type="checkbox"/> Pacific Islander	_____
	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	_____

Are you a citizen and eligible to work in the United States? (Failure to complete this section may delay your application review.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If a noncitizen or nonpermanent resident, do you have funding from your home country or other source? Please explain.

Education

* Undergraduate University	
* University Address	
* Dates Attended From – To (mm/yyyy - mm/yyyy)	
Degree(s)	

* Medical School or Graduate School	
* Medical School or Graduate School Address	
* Dates Attended From – To (mm/yyyy - mm/yyyy)	
Degree(s) (i.e. Ph.D., M.D., etc.)	

Residency or Fellowship	
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Hospital/University #1 (Institution)	
* Address	
* Dates Attended From – To (mm/yyyy - mm/yyyy)	
Specialty Field	
Mentor/Program Director	
E-mail	

Residency or Fellowship Hospital/University #2 (Institution)	
* Address	
* Dates Attended From – To (mm/yyyy - mm/yyyy)	
Specialty Field	
Mentor/Program Director	
E-mail	
If you are a graduate of foreign medical school, have you obtained certification from the Educational Commission for Foreign Medical Graduates?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*** References**

Please provide the names and contact information for three referees who will submit letters of reference. Letters should be sent either via email or mailed to:

- hmsgenicstraining@childrens.harvard.edu
- Attn: Susanna Chan (LGG Application)
Boston Children’s Hospital
Division of Genetics and Genomics
300 Longwood Avenue
Mailstop: BCH3056
Hunnewell Bldg, 5th Floor
Boston, MA 02115

Name	Institution/Department	Telephone/E-mail (Institution/Dept.)	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Foreign Medical Graduates, please email a copy of your exam results and ECFMC certificate to:

hmsgenicstraining@childrens.harvard.edu**

(**Please include **applicant’s full name** and the **desired specialty** on the subject line of the e-mail)

For application checklists and general information/updates, please visit: <http://www.genetictraining.org/application-genetics-training-program/>