



Visiting Immunology Scholar Award Application

Application must be accompanied by:

- Letter of support from your Department Head
- 500 word career statement outlining career goals
- Curriculum Vitae or educational resume'

Short Term Training Program – Primary Immunodeficiency

Name: _____

Department: _____

Institution: _____

Institution Address:

Street Address/P.O. Box _____

City: _____ **State:** _____ **Zip Code** _____

Daytime Telephone: _____ **Fax Number:** _____

Pager Number: _____ **E-mail Address:** _____

Home Address:

Street Address/P.O. Box _____

City: _____ **State:** _____ **Zip Code** _____

Background:

- Pediatrics/House Staff MD/PhD Program Research Fellow
 Medical Student

Select Training Program Desired: One Week Two Weeks

Applicants Must Be U.S. Residents

Please rank your top 3 choices for training sites:

- | | |
|---|---|
| <input type="checkbox"/> Johns Hopkins Hospital
Baltimore, MD | <input type="checkbox"/> Mt. Sinai Medical Center
New York, NY |
| <input type="checkbox"/> Children's Hospital Boston
Boston, MA | <input type="checkbox"/> Children's Hospital & Regional Medical Center
Seattle, WA |
| <input type="checkbox"/> University of Alabama at Birmingham
Birmingham, AL | <input type="checkbox"/> National Jewish Medical and Research Center
Denver, CO |
| <input type="checkbox"/> Children's Hospital of Philadelphia
Philadelphia, PA | <input type="checkbox"/> Louisiana State University
New Orleans, LA |
| <input type="checkbox"/> Children's Hospital Los Angeles
Los Angeles, CA | <input type="checkbox"/> Children's Memorial Hospital
Chicago, IL |
| <input type="checkbox"/> Cincinnati Children's Hospital
Cincinnati, OH | <input type="checkbox"/> University of Wisconsin
Milwaukee, WI |
| <input type="checkbox"/> University of California, San Francisco
San Francisco, CA | <input type="checkbox"/> Univ. of Texas Southwestern Medical Center
Dallas, TX |
| <input type="checkbox"/> Baylor College of Medicine
Houston, TX | <input type="checkbox"/> Duke University
Durham, NC |

Please send completed forms to:

USIDNET Registry Manager
40 W. Chesapeake Ave., Suite 308
Towson, MD 21204
Phone: (443) 632-2543
Email: sblotner@primaryimmune.org