



We Treat Kids Better

The Postgraduate training Program
In Liver Transplant Hepatology
Year you wish to begin _____
Application for Traineeship or Fellowship

Name:

Last First

Middle

Home Address: _____

Work Address: _____

Mailing Address If Different Than Above: _____

Telephone: () _____ Work: () _____ Pager: () _____

Social Security Number __ __ - __ - _____

Citizenship Status: __ U.S. Citizen __ U.S Permanent Resident

__ Other: _____

Education:

Name & Location
Degree

Yrs. Attended

College or University

Medical School

Residency or equivalent



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Special Honors Awards:

Additional Pertinent Skills/ Experience:

Scientific Publications, Presentations, Abstracts, etc.:

When emailing your application please provide the following documents:

- CV
- Personal Statement
- Application
- 3 Letters of Recommendation
- USMLE Scores

Email your complete Application to:

Yanira Gonzalez
Program Coordinator, Liver Transplant Hepatology Fellowship
Children's Hospital Los Angeles
4650 W Sunset Blvd MS # 78
Los Angeles CA 90027
Email:
Yanira Gonzalez- ygonzalez@chla.usc.edu
Dr. George Yanni- gyanni@chla.usc.edu