THE UNIVERSITY OF ARIZONA.
Pediatric Pulmonary Center

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

PEDIATRIC PULMONARY CENTER
1501 N. Campbell Ave.
P.O. Box 245073-5073
Phone: (520) 626-2962
Fax: (520) 626-5942

TRAINEESHIP APPLICATION

Name:

Address:

Phone: **E-mail:**

Discipline: ◯ Medicine ◯ Nursing ◯ Nutrition ◯ Social Work ◯ Pharmacy

Applying for: ☐ Long-term (300 hrs) ☐ Medium-term(40-299 hrs) ☐ Short-term (1-39 hrs) ☐ Lecture Only

Academic Year:

Current Status: Employed at

Student at Graduation date

Years of experience in discipline/field **Years of experience in Pediatrics**

Please list credentials (i.e., MD, RN, RD):

What do you hope to achieve with this traineeship?

Please list 2 references:

Please attach resume and return completed application to:

Lisa Rascon, Associate Director
1501 N. Campbell Ave. ◊ P.O. Box 245073
Tucson, Arizona 85724-5073
lrascon@peds.arizona.edu
Office (520) 626-2962 ◊ Fax (520) 626-5942