



Tulane University Health Sciences Center

SCHOOL OF MEDICINE

Department of Medicine

Section of Clinical Immunology, Allergy and Rheumatology SL57

1430 Tulane Avenue

New Orleans, Louisiana 70112-2699

(504) 988-5578 Telephone

(504) 988-3686 Fax

ALLERGY AND CLINICAL IMMUNOLOGY TRAINING PROGRAM OVERVIEW

The Tulane Allergy and Clinical Immunology program is a combined Internal Medicine/Pediatric training program which is fully accredited by the ACGME.

CLINICAL PROGRAM:

Each clinical service is supervised by faculty and consists of a fellow in training, medical residents rotating through our Service, and students together with our nurses and staff personnel.

Outpatient Clinical Training Program:

The outpatient clinical program is designed to provide Fellows with the experience of evaluating and managing patients with allergic and immunologic conditions in the ambulatory setting. The outpatient clinical program provides exposure to diverse clinical practice models in a tertiary care referral center, an indigent patient care institution, a federally-funded institution and a private practice/managed care institution which, when combined, ensure a diverse patient population. The outpatient clinical program is based in the Tulane University Health Sciences Center and affiliated hospitals, including The Medical Center of Louisiana at New Orleans (formerly known as Charity Hospital), The Veterans' Administration Medical Center, and The Ochsner Clinic Foundation.

Inpatient/Consultation Clinical Training Program:

The inpatient/consultation program is designed to provide A&I fellows-in-training with experience in evaluating and managing the inpatient and consultation care of patients with diverse allergic and immunologic diseases. This part of the fellow's educational experience is provided on a rotating basis. Each fellow-in-training rotates on the inpatient consultation service for a total of 6 months over the 24-month period of training. Fellows evaluate and provide care to patients admitted to the four participating institutions. They provide care to adults and children with allergic and immunologic diseases on the inpatient services at Tulane University Medical Center, The Medical Center of Louisiana, The Veteran's Administration Medical Center and The Ochsner Clinic Foundation.

DIDACTIC PROGRAM:

The didactic component is designed to provide Fellows with formal instruction. This includes the bi-weekly Tulane/LSU Research Seminar Series and monthly at the Tulane Clinical Conference Series. Fellows attend the weekly seminar entitled "The Art of Allergy," under the direction of Dr. Manuel Lopez. This premier conference of the fellowship is highly regarded by the Fellows and has been in place for many years. In this conference, diverse topics are discussed including the approach to medico legal issues/cases, ethical issues, the art of the practice of allergy and many others. There is also a weekly A&I Fellows' Case Conference where an A&I Fellow presents an interesting clinical case, an update on the topic and generates discussion amongst the faculty and other Fellows-in-training. The weekly Journal Club is where landmark and review articles in allergy and immunology are discussed. The Fellows attend the Section's semi-annual Ethics and Professionalism Conferences, as well as, the semi-annual Cultural Sensitivity Conferences. Fellows attend the 20-week course "MHC and Its Clinical Uses and Applications" under the direction of Karen Sullivan,

PROGRAM OVERVIEW

CONTINUED:

Ph.D., Director of Tulane's HLA Laboratory. The Section's conferences are attended by faculty, A&I residents, rotating medicine, pediatric, MedPeds residents, and medical students. The series of weekly teaching conferences for the continuing education of housestaff and faculty is active. There is also opportunity to attend Medicine and Pediatric Grand Rounds and the Medicine Residents' noon conference series. Fellows attend the annual meeting of the American Academy of Allergy, Asthma and Immunology and they have opportunity to attend the American College of Allergy, Asthma and Immunology meeting.

RESEARCH PROGRAM:

Fellows are provided the opportunity to complete their research requirements through participation in newly designed research protocols or in many on-going projects.

In order to provide the fellows with the skills needed to complete various types of research projects, early in their fellowship they are required to attend the course, "Methods In Clinical Research I" provided by Tulane University School of Medicine in the General Clinical Research Center.

Laboratory research experience is provided in the Allergy and Clinical Immunology Research Laboratory under the supervision of Samuel B. Lehrer, Ph.D. In this laboratory, fellows are exposed to performance and interpretation of a wide range of diagnostic assays related to atopic and immunologic diseases. Fellows are also provided with an educational experience in the Histocompatibility and Immunogenetics Laboratory where tissue-typing and cross-match studies are performed.

Trainees are provided with the opportunity to develop protocols for new research proposals, and such efforts are encouraged. Fellows are required to present their research findings in written and oral form, whether at local forums and/or national meetings or in peer reviewed journals. Graduating fellows are required to present their research findings to the faculty, fellows-in-training, rotating residents, and students in the Research Seminar Series at the completion of their training. In preparation for presentation of their research work, fellows are required to engage in comprehensive literature review.

Successful completion of 24-months of full-time education in this training program in Clinical Immunology and Allergy which is fully accredited by the ACGME qualifies the physician trainee for examination by the American Board of Allergy and Immunology (a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics).

Graduates of foreign medical schools often have difficulty obtaining licensure from the Louisiana State Board of Medical Examiners. Because of local rules, we cannot consider your application for our training program without assurance of your eligibility for licensure in the State of Louisiana. For further information you may visit the web site of the Louisiana State Board of Medical Examiners at www.lsbme.org

Signature: _____ Printed Name: _____
Date: _____

By signing above and returning this statement with all seven pages of application materials, I acknowledge receipt of this information about the Tulane University School of Medicine's Fellowship program in Allergy and Clinical Immunology.

TULANE AFFILIATED HOSPITALS

Application for Appointment to a Fellowship in Allergy and Clinical Immunology

Department: MEDICINE - SECTION OF CLINICAL IMMUNOLOGY, ALLERGY AND RHEUMATOLOGY

Section Telephone Number: (504) 988-5578

Tulane University School of Medicine, 1430 Tulane Avenue SL 57, New Orleans, LA 70112

Identifying Data

1. Name of Applicant: _____ Date: _____
Last First Middle

2. Present Mailing Address (Include Zip Code)

3. Tel. No.: _____ Soc. Sec. No. _____

4. Tel. No. during Business hours: _____

5. Name of individual through whom you may always be reached:

6. Address of above individual, or Permanent Home Address:

7. Telephone Number for Item 5. _____

8. E-Mail address: _____

* * * * *

Residency or Fellowship applied for

Postgraduate year: _____ Date Desired: _____

Are you participating in the National Resident Matching Program? Yes No

Date: _____ Code Number of Residency Applying for: _____

Applicant's N.R.M.P. Number: _____

* * * * *

INSTRUCTIONS: If more than one position is being applied for, separate applications must be submitted and if the applications are to different departments each must be fully documented **Before completing this application read all instructions carefully**, TYPE answers in blanks.

1. Give complete answers. If additional space is needed, attach 8-1/2 x 11" sheets.

a. Include personal statement.

b. Include curriculum vitae

2. The following documentation are necessary for completion of this application:

a. A passport size photograph, signed by the applicant on the reverse side.

b. Letters of reference (at least three) mailed to the Program Director directly from the persons named under Professional Qualifications.

c. If applicant is a foreign medical graduate:

1. (See p.7)

2. Indicate your Visa Type: _____ and number: _____

3. Arrange for the following original documentation to be sent directly to the Program Director:

a. Transcript of grades from Dean of Medical School

b. Letter of recommendation from Dean of Medical School

4. All material must be received before processing of application can be completed, material becomes property of Tulane University and will not be returned.

Demographic Information (Optional)

The following information, which is needed by the School for statistical purposes, will have no effect on the application process. You are assured by school policy and statutory regulations that the information will be confidential and accessible only, to school and hospital officials, governmental agencies and others with a legitimate interest in the information.

- 1. Male Female Birth date: Month _____, Day _____, Year _____
- 2. Place of Birth: _____
- 3. Are. you a citizen of the United States of America? Yes No
If "No," give the country of which you are a citizen. _____ Passport No. _____
- 4. Have you enrolled in any other institution, been licensed, or otherwise registered under any other name?
If so, please indicate name: _____

Educational Information

1. Schools attended	Name of School	Location	No. Years	Month & Degree
	(include Zip code)		attended	Year Graduated

a. High Schools

b. Colleges and Universities

c. Medical Schools

2. Electives taken in medical school that are relative to the specialty being applied for:

Subject	Institution and Location	Dates
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3. If this application is for a period of training preparatory to additional postgraduate education, what plans do you have and commitments have you made for your future training?

Specialty: _____ Dates: _____ Comments: _____

4. Professional Postgraduate Education and Training, if any at time of application:

Name of Hospital	Location	Service	Dates (Months & Year)
or Program	(Include Zip Code)		

PG Year I: _____

PG Year II: _____

5. Fellowships - give subject, institution, director, and inclusive dates for each fellowship:

6. Military Service - give inclusive dates, service or corps, and assignments:

Professional Qualifications

1. Medical Licenses in U.S.A.

State

Date

Number

2. Certificate by American Specialty Board

American Board of: _____ Date: _____

3. Appointments to medical facilities and hospital visiting staffs

Institution

Location

Position

Dates

4. Honorary and Professional Societies

Name

Date

5. Additional Comments, Research Experience, Bibliographic References, etc.

6. References: List the names of three persons with whom you have had professional affiliation or training at sometime during the past five (5) years and whom you have requested to send letters to this Department. Include, where applicable, Director of Residency Training program or of Graduate Education or Fellowship; chairman of departments in which graduate or professional work was taken; or employment supervisors.

Full Name, Address (Include Zip Code)

Present Position

Conclusion

1. Have you ever been convicted of or pleaded guilty to a felony offense or charges before a general court-martial? Have you been or do others feel you are addicted to drugs or alcohol? Have you or are you participating in a drug rehabilitation program? If so, give details on a separate sheet.
2. Check one:
 - I hereby waive access to letters of reference I have requested and will inform the authors.
 - I desire access to letters of reference I have requested and will so inform the authors.

3. Statement of Concurrence

I agree, if appointed, to apply myself diligently to my duties and to abide by all the laws, rules and regulations of each participating Tulane Affiliated Hospital.

I CERTIFY that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application or, if appointed, for dismissal.

Date: _____ Signature: _____
(sign your name in ink)

SUBMIT COMPLETED APPLICATION WITH YOUR ORIGINAL SIGNATURE, PHOTOGRAPH AND ACCOMPANYING DOCUMENTATION TO:

Laurianne Wild, M.D.
Director of Training in Clinical Immunology and Allergy
Tulane University School of Medicine
1430 Tulane Avenue, SL-57
New Orleans, Louisiana 70112

Tulane University is an Affirmative Action/Equal Employment Opportunity institution. and consequentially its policy of nondiscrimination includes recruitment and employment, admissions and access, retention and promotion of the most qualified students, faculty and staff, regardless of an individual's race, sex, color, religion, national ethnic origin, age, handicap or veteran status. Tulane University does not discriminate in its provision of services and benefits and in its treatment of students, patients and employees. Inquiries regarding this policy should be referred to the Affirmative Action Office

Statement of Resident Eligibility
from the Tulane Policies and Procedures for
Residents and Fellows Handbook

Applicants with one of the following qualifications are eligible for appointment to Tulane University residency programs:

- a. Graduates of medical schools in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME).
- b. Graduates of medical schools in the U.S. and Canada accredited by the American Osteopathic Association (AOA).
- c. Graduates of medical schools outside the U.S. and Canada who meet both of the following qualifications:
 - (1) Have received a currently valid J-1 Visa sponsored by the Educational Commission for Foreign Medical Graduates, and;
 - (2) Have a full and unrestricted license or a Graduate Education Temporary Permit (GETP) to practice medicine in the state of Louisiana.
- d. Graduates of medical schools outside the U.S. who have completed a Fifth Pathway program provided by an LCME-accredited medical school.