**JPGN Fellow Reviewer Program Application**

**Application Form:**

**Name**: Enter name with degrees

**Year in Training:** Choose an item.

**Email Address:** Enter trainee email address

**Institution:** Enter trainee institution name and address

**Program Director Name (or equivalent):** Enter name with degrees

**Email address:** Enter PD email address

**Is program director aware and supportive of trainee application?** Choose an item.

**Mentor:** Enter name with degrees

**Email address**: Enter mentor email address

**Institution:** Enter mentor institution name and address

**Is mentor aware and supportive of trainee application?** Choose an item.

**Mentor area of expertise** (check all that apply):

|  |  |  |
| --- | --- | --- |
| [ ] Abdominal surgery | [ ] Basic science research | [ ] Biostatistics |
| [ ] Celiac disease | [ ] CF/pancreatic disease | [ ] Cholestatic liver disease |
| [ ] Chronic diarrhea | [ ] Clinical science research | [ ] Colon cancer/polyps |
| [ ] Computerized medicine | [ ] Constipation | [ ] Endoscopy/GI procedure |
| [ ] Esophageal disorder/GERD | [ ] Food allergy | [ ] Functional GI disorder |
| [ ] Gall bladder and biliary tract | [ ] Genetic/metabolic GI disease | [ ] GI motor function |
| [ ] Genetic/metabolic liver disease | [ ] IBD | [ ] Immunology |
| [ ] Nutrition | [ ] Intestinal failure | [ ] Intestinal infection |
| [ ] Intestinal physiology | [ ] Liver failure | [ ] Liver infection |
| [ ] Liver physiology | [ ] Obesity | [ ] Pathology |
| [ ] Peptic disease and H. pylori | [ ] Probiotic/prebiotics | [ ] Diarrhea |
| [ ] Drugs | [ ] Gastroenterology | [ ] Healthcare |
| [ ] Hepatology | [ ] Other Enter area of expertise |

**Please email completed applications to the NASPGHAN Training Committee**

[**Training.Committee@naspghan.org**](http://Training.Committee@naspghan.org)

**If you are interested or have questions about the Program, please contact**

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