APPLICATION FOR THE PROVOST’S POSTDOCTORAL SCHOLARS PROGRAM FOR CLINICAL RESIDENTS AND FELLOWS

The USC Provost and the Dean of the Keck School of Medicine at USC have partnered to create a unique opportunity for senior members of residency programs and/or fellowship programs at University Hospital, LAC+USC Hospital or Children’s Hospital Los Angeles to apply for postdoctoral scholar status at the University of Southern California. Under this signature program, senior residents and fellows whose programs allow a significant portion of their training period to be spent in pursuit of research (clinical, translational, or basic) or scholarly activity (attaining a master’s degree, certificate, or other relevant training in a field that will be of value in their future career) will apply to the Provost’s Postdoctoral Scholar Program for Clinical Residents and Fellows which confers all the rights and privileges of a postdoctoral scholar at USC including, but not limited to: 1) tuition remission for courses required for a graduate degree or certificate, or for courses that enhance skills or knowledge useful for the development of their clinical career, 2) a USC ID number and a USC email address, and 3) full access to library material and facilities necessary for their study or work.

Eligibility requirements for this program:

1) Candidates must have a relevant doctoral degree (e.g., Ph.D. or M.D.).
2) Candidates must be actively engaged in a residency or fellowship training program at Keck Medical Center, LAC+USC Medical Center, or Children’s Hospital Los Angeles.
3) The candidate’s residency or fellowship program must permit this type of additional training.
4) Candidates must have the permission of their residency director or fellowship director to participate in the program.
5) The candidate’s residency or fellowship program director must certify that the candidate has guaranteed sufficient protected time to achieve success in their classes, research or scholarly activity, remain in good standing in their residency or fellowship, and meet all responsibilities and requirements for their clinical fellowship/residency.
6) Candidates must receive pay equal to or in excess of the minimum stipend allowed for postdoctoral scholars at USC and have adequate health benefits as determined by the USC Office of Postdoctoral Affairs.
7) Participants must agree to abide by all university and postdoctoral scholar policies.

Process:
If the application is approved, the candidate will receive an offer letter that must be signed and returned to the Keck School of Medicine Graduate Medical Education (GME) office at USC (Michelle Najera, 323-409-6931, najera@usc.edu) or CHLA. The candidate will be appointed as a Postdoctoral Scholar – Visiting Fellow and will be required to register for the 0-unit PDF 999 course each semester they wish to maintain this status. Once appointed and registered in PDF 999, postdocs will be able to register for up to 20 units of graduate-level tuition remission over the period they are postdoctoral scholars.

Participation in the Provost’s Postdoctoral Scholars Program for Clinical Residents and Fellows is separate from and does not guarantee admission to any particular graduate degree or certificate program. To be eligible for a graduate degree or certificate, candidates must first apply for acceptance to and be granted admission to those programs. Graduate degrees and certificates may only be awarded by the graduate or certificate program in which a candidate is enrolled, after it has been determined that all the requirements of the degree or certificate program have been satisfactorily met.

Appointment as a postdoctoral scholar, if awarded, will be for 12 months and may be renewed upon approval of the program director. Tuition remission in excess of 20 units is not guaranteed, even if required for completing a graduate program or certificate. However additional tuition remission in excess of the 20 units may be applied for by submitting a request and justification to the Keck School of Medicine Office of Faculty Affairs, Keith Administration Building KAM 422, 1975 Zonal Ave, Los Angeles, CA 90089, at least 30 days prior to the semester in which the candidate wishes to enroll.
CANDIDATE: Please attach current CV to this form.

This part of the form must be completed by the candidate.

Date: ________________________________  PGY in 2013-4*: ________________________________

Name*: ________________________________  Residency or Fellowship Program*: ________________

Address*: ________________________________  Graduate Degree or Certificate Program, if any, in
in which you are enrolled: ________________________________

Home Phone*: ________________________________  Units required for completion ________________________________

Mobile*: ________________________________  Anticipated completion date ________________________________

Pager*: ________________________________  Signature*: ________________________________

USC ID: ________________________________  Date*: ________________________________

USC or other email: ________________________________

Highest degree obtained and Year*: ________________________________

* required

RESIDENCY OR FELLOWSHIP PROGRAM

This part of the form needs to be completed and signed by the Residency or Fellowship Program Director.

By signing below, you are certifying that:

1) this resident or fellow is in good standing within the residency or fellowship program.

2) the resident or fellow will have sufficient protected time to allow for successful completion of the
courses or degree program*.

3) the courses the resident or fellow is taking will provide skills or knowledge that will further
their medical or academic career.

______________________________  ________________________________  ________________________________
Name (Print)  Title (Print)  Date

________________________________
Signature

GRADUATE MEDICAL EDUCATION OFFICE  (Circle one: LAC+USC   CHLA)

This part of the form needs to be completed and signed by the designated official in the graduate medical education office.

By signing below, you are certifying that:

1) This resident or fellow has health insurance or has provided evidence of alternative health insurance.

2) This resident or fellow is in good academic standing.

3) This resident or fellow receives pay at a level greater than or equal to the minimum required for postdoctoral
scholars, and this pay is provided by ________________________________ (institution).

______________________________  ________________________________  ________________________________
Name (Print)  Title (Print)  Date

________________________________
Signature