**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**

**Jim Squires MD** [james.squires2@chp.edu](mailto:james.squires2@chp.edu)