NEMOURS CHILDREN'S HEALTH PHYSICIAN ASSISTANT SURGICAL RESIDENCY

Instructions:

1. Complete Nemours Children's Health Surgical Residency Program Application pages 2-4.
2. Include a 1-page typed personal statement describing yourself, your background, and why you desire a career in pediatric surgical subspecialties.
3. Include a copy of your current CV.
4. Include scans of your current BLS and PALS cards.
5. Submit three letters of professional recommendation on behalf of your application; one must be from your program director. May be sent via email or as attachment to this application.
6. Please send your completed application with the above documents to: Jennifer.Luther@Nemours.org

    If necessary to submit as regular mail, please send to this address:
    Nemours Children's Hospital Florida
    c/o Jennifer Luther
    6535 Nemours Parkway
    Orlando, FL 32827
7. If you a have any questions regarding our program, you may email: Anais.Andara@Nemours.org or Leisy.Knight@Nemours.org

2025-2026 Event Timeline:	**Date:**
Application Open:	March 1st 2025
Application Deadline:	April 15th 2025
Interview Dates:	April/May 2025
Selection Notification:	June 2nd 2025
Commitment Deadline:	June 16th 2025
Start Date:	October 6th 2025*
Program End Date:	October 3rd 2026*

*Tentative

Nemours Children's Health Surgical Residency Program Application

Full Name: _____   Date: _____

                Last   *First*   *M.I.*

Address: _____

                Street Address   *Apartment/Unit#*

_____

         City   *State*   *Zip Code*

Phone: _____   Email: _____

High School: _____   Address: _____

From: _____   To: _____

Undergraduate: _____   Address: _____

From: _____   To: _____   Degree: _____

PA Program: _____   Address: _____

From: _____   To: _____   Degree: _____

References

List three professional references. **One must be from your program director.**

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Employment History and/or Medical Experience

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Employment History and/or Medical Experience (Continued)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

I hereby declare that the above statements in this application and all attachments hereto are complete and accurate.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received By: _____ Date: _____

Contacted By: _____ Date: _____

Interview Date Scheduled: _____

Interview Completed: _____