

Riley Child Development Center
**Leadership Education in
Neurodevelopmental Disabilities
(LEND) Training Program**
Application for Fellowship or Traineeship



SCHOOL OF MEDICINE
PEDIATRICS
Riley Child Development Center

Name: _____

Date of Birth: _____

Gender: _____

Race: _____

Ethnicity: _____

US Citizen? ___ Yes ___ No If no, list Visa type: _____

Address: _____

Phone: _____

Email: _____

Current Area of Study/Work: _____

Preferred Dates of Training: _____

Is this to meet a degree requirement? ___ Yes ___ No If yes, at what institution? _____

Completed applications should include: (Can arrive separately)

- _____ This application form
- _____ A letter of application, highlighting your relevant skills/experience and stating why you seek this training
- _____ A copy of your transcript(s) from each of your degree-granting institutions (Only if you are currently enrolled; Does not have to be official)
- _____ Two letters of reference from persons who can attest to your personal and professional knowledge

All materials should be sent to:

Kate Sheehan
Riley Child Development Center
705 Riley Hospital Drive, Room 5837
Indianapolis, IN 46202

katshee@iu.edu
Phone: 317.944.8167
Fax: 317.944.0194