|  |  |
| --- | --- |
|  | *College of American Pathologists Residents Forum*  Standardized Application for Pathology Fellowships |

|  |  |  |
| --- | --- | --- |
| Applicant Name | | |
| *Last name* | *First* | *Middle* |
|  |  |  |

|  |  |
| --- | --- |
| Fellowship Type | |
| This application is being made for a fellowship in (please check one): | |
| Blood banking/Transfusion medicine | Breast pathology | Please affix a recent passport-sized photo here.If submitting electronically, include a recent passport-style photo in .JPG format with the application. |
| Chemistry | Cytopathology |
| Dermatopathology | Diagnostic immunology |
| Forensic pathology | Gastrointestinal pathology |
| Genitourinary pathology | Gynecologic pathology |
| Hematopathology | Medical microbiology |
| Molecular genetic pathology | Neuropathology |
| Pathology informatics | Pediatric pathology |
| Pulmonary/Mediastinal pathology | Renal pathology |
| Soft tissue/Bone pathology | Surgical/Oncologic pathology |
| Other, please specify: | |  |

|  |  |  |
| --- | --- | --- |
| Training period for which applying: | *Start date* | *Finish date* |
|  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Data | | | | | | | | |
| Other names used: | |  | | | | | | |
| Present Address | | | | | | | | |
| *Street* | | | | *City* | | *State* | | *ZIP / Postal code* |
|  | | | |  | |  | |  |
| Permanent Address | | | | | | | | |
| *Street* | | | | *City* | | *State* | | *ZIP / Postal code* |
|  | | | |  | |  | |  |
| Telephone | | | | | | | | |
| *Home* | | | *Work* | | *Mobile* | | *Fax* | |
|  | | |  | |  | |  | |
| E-mail: |  | | | | | | | |
| Citizenship | | | | | | | | |
| *Country of citizenship* | | | | | *Visa status* | | | |
|  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Education | | | | | |
| *(Mo/Yr)* |  | *(Mo/Yr)* | *(Undergraduate School)* | *(Major)* | *(Degree)* |
|  | **to** |  |  |  |  |
| *(Mo/Yr)* |  | *(Mo/Yr)* | *(Graduate School, if applicable)* | *(Major)* | *(Degree)* |
|  | **to** |  |  |  |  |
| *(Mo/Yr)* |  | *(Mo/Yr)* | *(Medical School)* | *(Country)* | *(Degree)* |
|  | **to** |  |  |  |  |
| *(Mo/Yr)* |  | *(Mo/Yr)* | *(Residency)* | | *(AP, CP, AP/CP, other)* |
|  | **to** |  |  | |  |
| *(Mo/Yr)* |  | *(Mo/Yr)* | *(Other GME, if applicable)* | | *Area of training* |
|  | **to** |  |  | |  |
| *(Mo/Yr)* |  | *(Mo/Yr)* | *(Other GME, if applicable)* | | *Area of training* |
|  | **to** |  |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other Experience | | | |
| In chronological order, list other educational experiences, jobs, military service or training that is not accounted for above. | | | |
| *(Mo/Yr)* |  | *(Mo/Yr)* |  |
|  | **to** |  |  |
| *(Mo/Yr)* |  | *(Mo/Yr)* |  |
|  | **to** |  |  |
| *(Mo/Yr)* |  | *(Mo/Yr)* |  |
|  | **to** |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Boards | | | | | | | | | | | | | | |
| Please indicate national board examination dates and results received. | | | | | | | | | | | | | | |
| USMLE Step 1 | | | USMLE Step 2 | | | | | | | | | USMLE Step 3 | | |
| *Date passed* | *Score (optional)* | | ***CK*** *- Date passed* | | | *Score (optional)* | ***CS*** *- Date passed* | | *Score (optional)* | | | *Date passed* | | *Score (optional)* |
|  |  | |  | | |  |  | |  | | |  | |  |
| ***For graduates of international medical schools, are you ECFMG-certified?***  Yes  No *If yes, provide certificate number and date granted.* | | | | | | | | | | | | | | |
| *ECFMG Certificate Number* | | | | | | | | *Date ECFMG Certificate Granted*  MM-YYYY | | | | | | |
| COMLEX Level 1 | | | | COMLEX Level 2 | | | | | | COMLEX Level 3 | | | | |
| *Date passed* | | *Score (optional)* | | | *Date passed* | | *Score (optional)* | | | | *Date passed* | | *Score (optional)* | |
|  | |  | | |  | |  | | | |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Medical Licensure | | | |
| Please list any states in which you hold a license to practice medicine. Please provide a license number. If an application is pending in a state, please write “pending.” | | | |
| *(State)* | *(Date Issued)* | *(Medical License Number)* | *(Active?)* |
|  |  |  | Yes  No |
| *(State #2)* | *(Date Issued)* | *(Medical License Number)* | *(Active?)* |
|  |  |  | Yes  No |
| Have you ever been reprimanded, or had your license suspended or revoked in any of these states? | | Yes *(If so, please explain in an attached sheet.)*  No | |
| Have you ever been named in (and/or had a judgment against you) in a medical malpractice legal suit? | | Yes *(If so, please explain in an attached sheet.)* No | |

|  |  |  |
| --- | --- | --- |
| Board Certification | | |
| Please indicate any areas of board certification. | | |
| *Board* | *Area of Certification* | *Date of Certification* |
|  |  |  |
| Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience | | |
| Please list on attached application forms or include this information in your CV. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Letters of Recommendation and/or References | | | | |
| Please list the individuals who will write your letters of recommendation. At least three are required. | | | | |
| Reference #1 | | | | |
| *Name* | | *Title* | | |
|  | |  | | |
| *Institution* | | | | |
|  | | | | |
| *Address* | *City* | | *State* | *ZIP / Postal Code* |
|  |  | |  |  |
| *Telephone* | | *Email* | | |
|  | |  | | |
| Reference #2 | | | | |
| *Name* | | *Title* | | |
|  | |  | | |
| *Institution* | | | | |
|  | | | | |
| *Address* | *City* | | *State* | *ZIP / Postal Code* |
|  |  | |  |  |
| *Telephone* | | *Email* | | |
|  | |  | | |
| Reference #3 | | | | |
| *Name* | | *Title* | | |
|  | |  | | |
| *Institution* | | | | |
|  | | | | |
| *Address* | *City* | | *State* | *ZIP / Postal Code* |
|  |  | |  |  |
| *Telephone* | | *Email* | | |
|  | |  | | |
| Reference #4 (optional) | | | | |
| *Name* | | *Title* | | |
|  | |  | | |
| *Institution* | | | | |
|  | | | | |
| *Address* | *City* | | *State* | *ZIP / Postal Code* |
|  |  | |  |  |
| *Telephone* | | *Email* | | |
|  | |  | | |

|  |  |
| --- | --- |
| Signature *(may omit if submitting electronically)* | |
| I hereby certify that all of the information on this application is accurate, complete, and current to the best of my knowledge, and that this application is being made for serious consideration of training in the Pathology Fellowship indicated. I understand that accepting more than one fellowship position constitutes a violation of professional ethics and may result in the forfeiture of all positions. | |
| *Signature* | *Date* |

|  |
| --- |
| Honors and Awards *(if explicitly listed on CV, include highlights here with reference to location on CV)* |
|  |

|  |
| --- |
| Publications and Presentations *(if explicitly listed on CV, include highlights here with reference to location on CV)* |
|  |

|  |
| --- |
| Memberships and Leadership/Research Experience *(if explicitly listed on CV, include highlights here with reference to location on CV)* |
|  |

|  |
| --- |
| Residents Forum Suggested Timeline for Application |
| Beginning one-and-a-half years before the proposed start of a fellowship for which the application is being made, the following timeline is recommended: **December 1** Deadline for receipt of the completed Residents Forum Standardized Application and all supporting documentation (letters of recommendation, etc.)  **March 1** Deadline for program to make offers to applicants |

|  |
| --- |
| Application Packet Check-list |
| Completed Standardized Fellowship Application Form with Signature |
| Updated Curriculum Vitae (CV) |
| Included cover letter and/or personal statement |
| Checked with the fellowship director or coordinator whether there are other items that should be included |
| Included photo |