



Standardized Application for Pathology Fellowships

Applicant Name		
Last name	First	Middle

Please note only three of our seven specialties will follow the unified timeline noted below:

Fellowship Type	
This application is being made for a fellowship in (please check one):	
Breast Pathology	
Bone and Soft Tissue Pathology	Participating in BST/MSK Match Timeline
Cardiovascular & Pulmonary Pathology	
Head and Neck Pathology	
General Surgical Pathology	
Genitourinary Pathology	
Gynecologic Pathology	
Other, please specify:	

Please affix a recent passport-sized photo here.

If submitting electronically, include a recent passport-style photo in .JPG format with the application.

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)	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?)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
(State #2)	(Date Issued)	(Medical License Number)	(Active?)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been reprimanded, or had your license suspended or revoked in any of these states?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	
Have you ever been named in (and/or had a judgment against you) in a medical malpractice legal suit?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	

Board Certification

Please indicate any areas of board certification.

<i>Board</i>	<i>Area of Certification</i>	<i>Date of Certification</i>
--------------	------------------------------	------------------------------

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

<i>Name</i>	<i>Title</i>		
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Reference #2

<i>Name</i>	<i>Title</i>		
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Reference #3

<i>Name</i>	<i>Title</i>		
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Reference #4 (optional)

<i>Name</i>	<i>Title</i>		
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

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.

<i>Signature</i>	<i>Date</i>
------------------	-------------

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**