

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	r a fellowship in	(please check o	ne):					
☐ Blood banking/Transfusion medicine	☐ Bre	<u>1</u>					1	
☐ Chemistry	☐ Cyt	☐ Cytopathology						
☐ Dermatopathology	☐ Dia	ignostic immunolog	у		Please affix a recent passport-			
☐ Forensic pathology	☐ Ga	strointestinal pathol	logy			zed photo here.		
☐ Genitourinary pathology	☐ Gy	necologic pathology	У		If submitting electronically,			
☐ Hematopathology	☐ Me	dical microbiology			include a	a recent passport-style		
☐ Molecular genetic pathology	☐ Ne	uropathology			prioto ii	application.		
☐ Pathology informatics	☐ Pe	diatric pathology						
☐ Pulmonary/Mediastinal pathology	☐ Re	nal pathology						
☐ Soft tissue/Bone pathology	☐ Sur	gical/Oncologic pat	hology	L				
Other, please specify:								
Training period for which appl	lying:	Start date	9		Finish	date		
Personal Data								
Other names used:								
Present Address								
Street		City			te	ZIP / Postal code		
Permanent Address								
Street	City			Sta	te	ZIP / Postal code		
Telephone			I.e.		1-			
Home	Vork		Mobile		-	ax		
E-mail:								
Date of birth:			Place of birth:					
Citizenship:			Social Security Number:					
If not a U.S. citizen, type of Visa:								

Education	1										
(Mo/Yr)		(Mo/Yr) ((Undergraduate School)				(Major))		(Degree)	
	to										
(Mo/Yr)		(Mo/Yr) (0	(Graduate School, if applicable)							(Degree)	
	to										
(Mo/Yr)		(Mo/Yr) (I	Medical School)							(Degree)	
	to										
(Mo/Yr)		(Mo/Yr) (I	Residency)							(AP, CP, AP/CP	other)
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(Mo/Yr)		(Mo/Yr) ((Other GME, if applicable)						Area of training	<u> </u>	
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	to										
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National E	3oards										
Please indi	cate natio	onal board e	examination	dates an	d results rece	ived.					
USMLE Ste	p 1			USMLE	Step 2			USMLE Ste	p 3		
Date passed	•	Score (option	nal)	Date pass	-	Score (optional)		Date passed		Score (option	onal)
COMLEX L	evel 1			COMLE	X Level 2			COMLEX L	evel 3		
Date passed		Score (option	nal)	Date pass		Score (optional)		Date passed		Score (option	onal)
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Medical L	iconour										
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	a state,	please write	"pending."	\		(Medical License Nu	umb o rl		/Active	2)	
(State)	(Date Issued)		(iviedical License Nul		iiiibei)		(Active				
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(State #2)			(Date Issued)			(Medical License Number)			, ,		
(2)			(Date terms)					Yes No			
(State #3)			(Date Issued)		(Medical License Number)			(Active			
									<u> </u>	res 🗌	No
Have you e	ver been	reprimanded	d, or had you	r license s	suspended or	☐ Yes (If so,	please	explain in ar	attac	hed sheet.)	
revoked in					·	☐ No					
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Please indi	cate any	areas of bo	ard certificat	tion.							
Board					Area of Certification	on			Da	Date of Certification	
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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 yo	ur letters of recommer	ndation. At least three	are require	ed.	
Reference #1		1			
Name		Title			
Institution					
Institution					
Address	City		State		ZIP / Postal Code
Telephone		Email			
Reference #2					
Name		Title			
Institution					
Institution					
Address	City		State		ZIP / Postal Code
Telephone		Email	I.		
Reference #3		1			
Name		Title			
Institution					
monday.					
Address	City		State		ZIP / Postal Code
Telephone		Email			
Reference #4 (optional)		T-ru			
Name	Title				
Institution					
Address	City		State		ZIP / Postal Code
Telephone		Email			
Signature (may omit if submitting elect	ronically)				
I hereby certify that all of the information on this	s application is accurate	, complete, and current	to the best	of my kn	owledge, and that this
application is being made for serious consideration one fellowship position constitutes a violation of	ition of training in the Pa if professional ethics and	triology Fellowship indicated may result in the forfeit	ture of all p	erstand ositions.	mai accepting more than
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
- ✓ Three (3) Letters of Recommendation

Items Required for Hire

- ✓ Completed Standardized Fellowship Application Form with Signature
- ✓ Dean's Letter
- ✓ Transcripts
- USMLE Certificate (and scores)
- ✓ ECFMG (if a foreign medical graduate)
- ✓ Photo
- √ Verification of previous training