



Standardized Application for Pediatric Pathology Fellowship

We Treat Kids Better

Applicant Name		
<i>Last name</i>	<i>First</i>	<i>Middle</i>

Include a recent passport-style photo with the application (or .JPG file with electronic submissions).

Training period for which applying:	<i>Start date</i>	<i>Finish date</i>

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

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

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

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 <i>If yes, provide certificate number and date granted.</i>							
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 <i>(If so, please explain in an attached sheet.)</i> <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 <i>(If so, please explain in an attached sheet.)</i> <input type="checkbox"/> No	

Board Certification		
Please indicate any areas of board certification and/or eligibility		
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 whom we can contact to 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

<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>
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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)*

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:	
July 1	Deadline for receipt of the completed Standardized Application and all supporting documentation (letters of recommendation, etc.)
December 1	Deadline for program to make offers to applicants
January 1	Application for California Medical License (completed and submitted, please allow six months for this process prior to fellowship)

Application Packet Check-list	
✓	Completed Standardized Fellowship Application Form with Signature
✓	Updated Curriculum Vitae (CV)
✓	Cover letter and/or personal statement
✓	Photo
✓	Copy of medical school diploma
✓	ECFMG certificate, if applicable