

E-mail:

Application for Surgical Pathology Fellowship University of Chicago (NorthShore) Pathology Evanston, Illinois

Applicant Name							
Last name First				Middle		Please affix a recent passport- sized photo here.	
Fellowship Type						If submitting electronically, include a recent passport-style	
This application is bei	ng made fo	or a fellows	hip in (please check	one):			photo in .JPG format with the application.
Molecular Genetic Pathology Surgical Patho			Surgical Patholog	у			
Training period for which applying:							
Start date	Fii		Finish date				
Personal Data							
Other names used:							
Present Address							
Street		City		State	ZIP / Postal code		
Permanent Address			L				
Street		City		State	ZIP / Postal code		
Telephone			•				· ·
Home		Work	Mobile			Fax	

ducation				
(Mo/Yr)	(Mo/Yr)	(Undergraduate School)	(Major)	(Degree)
	to			
(Mo/Yr)	(Mo/Yr)	(Graduate School, if applicable)		(Degree)
	to			
(Mo/Yr)	(Mo/Yr)	(Medical School)		(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 Exp	erience	
In chronolo	ogical order, list of	ther 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 n	Please indicate national board examination dates and results received.								
USMLE Step 1	USMLE Step 1 USMLE Step 2 USMLE Step 3								
Date passed	Score	СК - [CK - Date passed Score		CS - Date passed		Date passed	Score	
For graduates of international medical schools, are you ECFMG-certified? Yes No If yes, list date certified (Mo/Yr):									
COMLEX Level 1			COMLEX Leve	el 2			COMLE	X Level 3	
Date passed	Score		Date passed		Score		Date pas	sed	Score

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		Yes (If so, please explain in an attached sheet.)				
revoked in any of these states?		□ No				
Have you ever been named in (an a medical malpractice legal suit?	d/or had a judgment against you) in	☐ Yes (If so, please explain in a ☐ No	n attached shee	t.)		

Board Certification				
Please indicate any areas of board certification.				
Board	Area of Certification	Date of Certification		
Honors, Awards, Publications, Presentations, I	Memberships, Leadership/Research Experien	ce		
Please list in chronological order.				

Letters of Recommendation and/or References						
Please list the individuals who will write yo	ur letters of recommer	dation. At least three	are required.			
Deference #4						
Reference #1 Name		Title				
Institution		I				
Address	City		State	ZIP / Postal Code		
Telephone		Email				
Telephone		Linai				
Reference #2		1				
Name		Title				
Institution						
Address	City		State	ZIP / Postal Code		
Telephone	I	Email				
Reference #3		I				
Name		Title				
Institution						
Address	City		State	ZIP / Postal Code		
		1				
Telephone		Email				
Peference #4 (entional)						
Reference #4 (optional) Title Name Title						
Institution						
	1		1	1		
Address	City		State	ZIP / Postal Code		
Telephone		Email				
relephone						
		1				

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	

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)

	Ap	plication	Packet	Check-list
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Completed Fellowship Application Form with Photo and Signature

✓ Current Curriculum Vitae (CV)

✓ Personal Statement

✓ Medical School Diploma

✓ USMLE or COMLEX Transcript

ECFMG Certificate (if applicable)