

Pathology Fellowship Application

University of Chicago (NorthShore) Pathology

Evanston, Illinois

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

Please affix a recent passport-sized photo here.

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

Fellowship Type	
This application is being made for a fellowship in (please check one):	
<input type="checkbox"/> Medical Microbiology	<input type="checkbox"/> Women's Pathology
<input type="checkbox"/> Molecular Genetic Pathology	<input type="checkbox"/>
Training period for which applying:	
<i>Start date</i>	<i>Finish date</i>

Personal Data			
Other names used:		Date of Birth:	
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:			

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>(Degree)</i>
to				
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Medical School)</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)	(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	CK - Date passed	Score	CS - Date passed	Date passed	Score
For graduates of international medical schools, are you ECFMG-certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date certified (Mo/Yr):						
COMLEX Level 1		COMLEX Level 2		COMLEX Level 3		
Date passed	Score	CE - Date passed	Score	PE - Date passed	Date passed	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?) <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?

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
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Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience

Please list in chronological order.

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>
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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)

Application Packet Check-list

- ✓ 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)