

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

Applicant Name				
Last name	First		Middle	
	•			
Fellowship Type				
This application is being made for a	fellowshir	n in (nlease check one))-	
Medical Microbiology		••		
Molecular Genetic Pathology		Surgical Pathology		
Training period for which applying:			1	
Start date		Finish date		
Personal Data				
Other names used:			Date of Birth	:

Present Address					
Street		City		State	ZIP / Postal code
Permanent Address					
Street		City		State	ZIP / Postal code
Telephone	Telephone				
Home Work			Mobile		-ax
E-mail:					

Education					
(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 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)
(100, 11)		(1110/11)

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

Board	Certifi	cation
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Please indicate any areas of board	certification.		
Board	Area of Certification	Date of Certification	
Honors, Awards, Publications,	Presentations, Memberships, Leadership/Rese	arch 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					
Name		Title			
Institution					
Address	City		State	ZIP / Postal Code	
Telephone		Email	I		
Reference #2		-			
Name		Title			
Institution					
Address	City		State	ZIP / Postal Code	
Telephone		Email			
Reference #3		[
Name		Title			
Institution					
Address	City		State	ZIP / Postal Code	
Telephone		Email			
Reference #4 (optional)		[
Name		Title			
Institution					
Institution					
Address	City		State	ZIP / Postal Code	
Telephone		Email		•	

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)

A	pplication 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)