

**INITIAL APPLICATION FOR OBSERVERSHIP ROTATION**  
**NORTHSHORE UNIVERSITY HEALTHSYSTEM DEPARTMENT OF PATHOLOGY**

Please complete the following form and email to [pathologyresidency@northshore.org](mailto:pathologyresidency@northshore.org) along with an up-to-date curriculum vitae and a letter of support from a pathologist (practicing pathologist preferred, current pathology trainee also acceptable).

This application will be accepted **until May 31<sup>st</sup> only**. All applications will be reviewed after the May 31<sup>st</sup> deadline. Following review of applications, observers will be selected dependent upon available slots for the upcoming academic year. For the selected applicants, additional forms will be required by NorthShore (vaccination records, etc.).

**Name (last, first, middle):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical school name/location:** \_\_\_\_\_

**Year of graduation:** \_\_\_\_\_

**Applying for Pathology Residency in upcoming Match season?** ☐ Yes ☐ No

**For graduates of international medical schools, are you ECFMG certified?** ☐ Yes ☐ No ☐ N/A

**Date preferences\*:**

- ☐ I am flexible in terms of dates
- ☐ I have some flexibility but prefer the following months/dates: \_\_\_\_\_
- ☐ I am only available during the following months/dates: \_\_\_\_\_

**Current position (if any):** \_\_\_\_\_

Remember to include the following with this application:

- CV
- USMLE and/or COMLEX transcript
- A letter of support/recommendation from a pathologist

*\*Please note, if you are selected for a pathology observership, we will try to honor your date preferences when possible, but you are not guaranteed to be given your desired dates.*