

College of American Pathologists Residents Forum

Standardized Application for Pathology Fellowships

Applicant Name									
Last name		First				/	Middle		
						İ			
Fellowship Type									
This application is being made for	1	nip in (please c	heck o	ne):				
☐ Blood banking/Transfusion medicine		Brea	st patholog	ЭУ					
☐ Chemistry	I	☐ Cyto	pathology						
☐ Dermatopathology	I	☐ Diag	nostic imm	unology	/			affix a recent passport-	
☐ Forensic pathology	I	☐ Gast	rointestina	l patholo	ogy			sized photo here.	
☐ Genitourinary pathology	ļ	☐ Gyne	ecologic pa	thology			If sub	mitting electronically,	
☐ Hematopathology		☐ Medi	ical microb	iology			include	a recent passport-style in .JPG format with the	
☐ Molecular genetic pathology	I	Neur	opatholog	У			prioto	application.	
☐ Pathology informatics	I	☐ Pedia	atric patho	logy					
☐ Pulmonary/Mediastinal pathology	I	Rena	al patholog	у					
☐ Soft tissue/Bone pathology		Surg	ical/Oncol	ogic pat	hology				
☐ Other, please specify:	•								
Training period for which app	olying:			Start date	9		Finis	h date	
Personal Data									
Other names used:									
Present Address									
Street			City			5	State	ZIP / Postal code	
Permanent Address								_	
Street			City			3	State	ZIP / Postal code	
Telephone									
Home	Work				Mobile			Fax	
E-mail:									
Citizenship									
Country of citizenship					Visa status				
					I				

Education								
(Mo/Yr)	(Mo/Yr)	(Undergraduate School)			(Major)		(Degree)	
l t	to							
(Mo/Yr)	(Mo/Yr)	(Graduate School, if appl	licable)		(Major)		(Degree)	
l t	to							
(Mo/Yr)	(Mo/Yr)	(Medical School)			(Country)		(Degree)	
l t	to							
(Mo/Yr)	(Mo/Yr)	(Residency)			l		(AP, CP, A	AP/CP, other)
į t	to							
(Mo/Yr)	(Mo/Yr)	(Other GME, if applicable	e)				Area of tra	aining
t	to							
(Mo/Yr)	(Mo/Yr)	(Other GME, if applicable	e)				Area of tra	ining
t	to							
-								
Other Experi	ience							
In chronologic	cal order, list ot	her educational exp	periences, jobs, r	military service o	r training that is	not acco	unted fo	r above.
(Mo/Yr)	(Mo/Yr)							
t	to							
(Mo/Yr)	(Mo/Yr)							
t	to							
(Mo/Yr)	(Mo/Yr)							
t	to							
National Boa	ards							
		d examination dates	s and results rec	eived				
USMLE Step 1		USMLE Step 2	3 dila results reco	civcu.		USMLE	Sten 3	
Date passed	Score (optional)	CK - Date passed	Score (optional)	CS - Date passed	Score (optional)	Date pass		Score (optional)
,		·						
For graduates of	international medica	al schools, are you ECFN	//////////////////////////////////////	es No If yes, pro	ovide certificate numb	er and date q	ranted.	1
ECFMG Certificate				Date ECFMG Certific				
				(MM-YYYY)				
COMLEX Leve	el 1	COMLEX Level	2			COMLE	X Level	3
Date passed	Score (optional)	CE - Date passed	Score (optional)	PE - Date passed	Score (optional)	Date pass		Score (optional)
								1
Medical Lice	ensure							
	y states in whic state, please wr	h you hold a licens	e to practice med	dicine. Please pro	ovide a license r	umber. If	an appli	cation is
(State)		(Date Issued)		(Medical License Nu	ımber)	(Active?)		
						☐ Ye	S	□ No
(State #2)		(Date Issued)		(Medical License Nu	ımber)	(Active?)		
						☐ Ye	S	□ No
	been reprimand of these states?	ed, or had your licer	se suspended or	☐ Yes (If so, p	lease explain in a	n attached	d sheet.)	
	been named in	(and/or had a judgm	ent against you)	Yes (If so, p	lease explain in a	n attached	d sheet.)	



Board Certification				
Please indicate any areas of board certificati	ion.			
Board	Area of Certification	ion	-	Date of Certification
Honors, Awards, Publications, Presenta	ations, Membership	s, Leadership/Resea	arch Experience)
Please list on attached application forms or	include this informati	ion in your CV.		
i i i i i i i i i i i i i i i i i i i				
Letters of Recommendation and/or Refe		Latin At Input three		
Please list the individuals who will write you Reference #1	If letters of recommen	idation. At least tillee	are required.	
Name		Title		
Institution				
Address	City		State	ZIP / Postal Code
Telephone		Email		
Reference #2				
Name		Title		
Institution				
Address	City		State	ZIP / Postal Code
Telephone		Email		1
Reference #3				
Name		Title		
Institution		1		
Address	City		State	ZIP / Postal Code
Telephone		Email	J	
Reference #4 (optional)				
Name		Title		
Institution				
Address	City		State	ZIP / Postal Code
Telephone		Email		
Signature (may omit if submitting electr				
I hereby certify that all of the information on this application is being made for serious consideration one fellowship position constitutes a violation of	tion of training in the Pa	athology Fellowship indic	cated. I understand	d that accepting more than
Signature	provocation and arra	<u> </u>	Date	

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 location on CV)	Research Experience (if explicitly listed on CV, include highlights here with referer	nce to
, ,		



Application Packet Check-list

- ✓ Completed Standardized Fellowship Application Form with Signature
- ✓ Updated Curriculum Vitae (CV)
- ✓ Included cover letter and/or personal statement
- ✓ Checked with the fellowship director or coordinator whether there are other items that should be included
 - Included photo