College of American Pathologists Residents Forum

Standardized Application for Pathology Fellowships

for the University of Texas Southwestern Medical Center

Applicant Name		
Last name	*First*	*Middle*

Fellowship Type

This application is being made for a fellowship in (please check one):

- ☐ Blood banking/Transfusion medicine
- ☐ Chemistry
- ☐ Clinical Cytogenetics
- ☐ Cytopathology
- ☐ Forensic pathology
- ☐ Diagnostic immunology
- ☐ Hematopathology
- ☐ Medical microbiology
- ☐ Molecular genetic pathology
- ☐ Neuropathology
- ☐ Pediatric pathology
- ☐ Surgical pathology
- ☐ Other, please specify:_____

Please affix a recent passport-sized photo here.

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

Training period for which applying:	*Start date*	*Finish date*

Personal Data

Other names used:

Present Address

Street	*City*	*State*	*ZIP / Postal code*

Permanent Address

Street	*City*	*State*	*ZIP / Postal code*

Telephone

Home	*Work*	*Mobile*	*Fax*

E-mail:

Date of birth: **Place of birth:**

Citizenship:

If not a U.S. citizen, type of Visa:

0726200708

Education

(Mo/Yr) to (Mo/Yr)	(Undergraduate School)	(Major)	(Degree)
(Mo/Yr) to (Mo/Yr)	(Graduate School, if applicable)		(Degree)
(Mo/Yr) to (Mo/Yr)	(Medical School)		(Degree)
(Mo/Yr) to (Mo/Yr)	(Residency)		(AP, CP, AP/CP, other)
(Mo/Yr) to (Mo/Yr)	(Other GME, if applicable)		Area of training
(Mo/Yr) to (Mo/Yr)	(Other GME, if applicable)		Area of training

Other Experience

In chronological order, list other educational experiences, jobs, military service or training that is not accounted for above.

(Mo/Yr) to (Mo/Yr)	
(Mo/Yr) to (Mo/Yr)	
(Mo/Yr) to (Mo/Yr)	

National Boards

Please indicate national board examination dates and results received.

USMLE Step 1		USMLE Step 2		USMLE Step 3	
Date passed	Score	Date passed	Score	Date passed	Score
COMLEX Level 1		**COMLEX Level 2**		**COMLEX Level 3**	
Date passed	Score	Date passed	Score	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
(State #3)	(Date Issued)	(Medical License Number)	(Active?) ☐ Yes ☐ 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

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

Please list on attached application forms or include this information in your CV.

Letters of Recommendation and/or References

Please list the individuals who will write your letters of recommendation. At least three are required.

Reference #1 (Residency Director, if applicable)

Name		*Title*	
Institution			
Address	*City*	*State*	*ZIP / Postal Code*
Telephone		*Email*	

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			
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

Signature	*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/Research Experience ***(if explicitly listed on CV, include highlights here with reference to***

Timeline for Application

Preference will be given to applications completed by December 1, 19 months before the July 1 starting date of the fellowship. Consideration of applications completed later will depend on the availability of positions remaining.

Components of Completed Application

- ✓ **Completed Standardized Fellowship Application Form and digital photograph**
- ✓ **Updated Curriculum Vitae (CV)**
- ✓ **Cover letter and/or personal statement**
- ✓ **Three letters of recommendation (received by December 1)**
- ✓ **USMLE and/or COMLEX transcript (received by December 1)**