

College of American Pathologists Residents Forum

Standardized Application for Pathology Fellowships

Applicant Name										
Last name	First				Middle					
Fellowship Type										
This application is being made for	or a fellows	ship in (please o	heck o	ne):						
☐ Blood banking/Transfusion medicine	е	☐ Breast pathology								
☐ Chemistry		☐ Cytopathology								
☐ Dermatopathology		☐ Diagnostic im	у		Please a	Please affix a recent passport-				
☐ Forensic pathology		☐ Gastrointestinal pathology				s	ized photo here.			
☐ Genitourinary pathology		☐ Gynecologic p	/		If subr	nitting electronically,				
☐ Hematopathology		☐ Medical micro	biology			include	a recent passport-style n .JPG format with the			
☐ Molecular genetic pathology		☐ Neuropatholo	ду			photon	application.			
☐ Pathology informatics		☐ Pediatric path	ology							
☐ Pulmonary/Mediastinal pathology		☐ Renal patholo								
☐ Soft tissue/Bone pathology		☐ Surgical/Oncologic pathology								
Other, please specify:										
			Start date)		Finish	date			
Training period for which app	plying:									
Personal Data										
Other names used:										
Present Address										
Street City			у			State	ZIP / Postal code			
Permanent Address Street City							ZIP / Postal code			
					State					
Telephone										
Home	Work	Mobile				F	ax	_		
E-mail:										

Education													
(Mo/Yr)		(N	1o/Yr) (Ui	(Undergraduate School)			(Major)			(Degree)			
	to												
(Mo/Yr)		(N	lo/Yr) (Gi	raduate School,	, if appli	cable)				(E	Degree)		
	to												
(Mo/Yr)		(N	no/Yr) (M	edical School)				•		(L	Degree)		
	to												
(Mo/Yr)	to	(N	1o/Yr) (Re	(Residency) (AP, CP, AP/CP, other)							P/CP, other)		
(Mo/Yr)		(N	no/Yr) (Oi	ther GME, if app	olicable,)				A	rea of tra	ining	
	to												
(Mo/Yr)		(N	10/Yr) (Oi	ther GME, if app	olicable,)				Ar	ea of trai	ning	
	to												
Other Expe	erien	се											
In chronolog	gical	orde	r, list other	education	al exp	eriences, jobs, m	nilitary service o	r traini	ing that is n	ot accoun	ted for	above.	
(Mo/Yr)		(N	1o/Yr)				-						
	to												
(Mo/Yr)		(N	1o/Yr)										
	to												
(Mo/Yr)		(N	1o/Yr)										
	to												
National B	oard	s											
Please indic	ate n	ation	al board ex	xamination	dates	and results rece	ived.						
USMLE Step	1			USMLE Sto	ep 2					USMLE S	tep 3		
Date passed	S	Score (optional)	CK - Date pas	ssed	Score (optional)	CS - Date passed	Score	(optional)	Date passed	1	Score (optional)	
For graduates	of inte	rnatio	nal medical so	hools, are vou	ı ECFM	G-certified?	res ☐ No If y	es list di	ate certified (Mo	/Yr)·			
COMLEX Le				, , ,		LEX Level 2	.,	,	COMLEX L				
Date passed			Score (optiona	al)	-	passed	Score (optional)		Date passed		Score (optional)		
1											ı		
Medical Lie	cens	ure											
			in which v	ou hold a li	icanso	e to practice med	icine Please nro	ovide s	licansa nu	mher If an	annli	cation is	
pending in					CCIISC	e to practice med	ionie. i lease pro	ovide a	i iicerise iiu	iliber. Il ali	αρριι		
(State)				(Date Issued)			(Medical License Nu	ımber)		(Active?)			
										☐ Yes		☐ No	
(State #2)				(Date Issued)			(Medical License Nu	ımber)		(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)							
								nlaaaa	ovaloja ja o	n ottochod	oboot)		
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 Certi	ificat	tion											
Please indic	ate a	ny ar	eas of boa	rd certificat	ion.								
Board						Area of Certificati	on			Date of	Certifica	tion	
Honors, Av	ward	s, Pı	ublication	s, Present	ation	s, Membership	s, Leadership/F	Resea	rch Experi	ence			

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		Tu-					
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 electr	ronically)						
I hereby certify that all of the information on this application is being made for serious considera one fellowship position constitutes a violation of	tion of training in the Pat	hology Fellowship indica	ated. I understand ture of all positions.	owledge, and that this 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 location on CV)

Residents Forum Suggested Timeline for Application

Beginning one-and-a-half years before the proposed start of a fellowship for which the application is being made, the following timeline is recommended:

December 1 Deadline for receipt of the completed Residents Forum Standardized Application and all supporting documentation (letters of recommendation, etc.)

March 1 Deadline for program to make offers to applicants

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