COLLEGE of AMERICAN PATHOLOGISTS

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 a fellowship in (please check one):	
☐ Blood banking/Transfusion medicine	☐ Breast pathology
☐ Chemistry	☐ Cytopathology
☐ Dermatopathology	☐ Diagnostic immunology
☐ Forensic pathology	☐ Gastrointestinal pathology
☐ Genitourinary pathology	☐ Gynecologic pathology
☐ Hematopathology	☐ Medical microbiology
☐ Molecular genetic pathology	☐ Neuropathology
☐ Pathology informatics	☐ Pediatric pathology
☐ Pulmonary/Mediastinal pathology	☐ Renal pathology
☐ Soft tissue/Bone pathology	☐ Surgical/Oncologic 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:			
Citizenship			
Country of citizenship	*Visa status*		

COLLEGE of AMERICAN PATHOLOGISTS

Education

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

National Boards

Please indicate national board examination dates and results received.

USMLE Step 1		USMLE Step 2				USMLE Step 3	
Date passed	Score (optional)	***CK*** - Date passed	Score (optional)	***CS*** - Date passed	Score (optional)	Date passed	Score (optional)

For graduates of international medical schools, are you ECFMG-certified? ☐ Yes ☐ No *If yes, provide certificate number and date granted.*

ECFMG Certificate Number	Date ECFMG Certificate Granted (MM-YYYY)

COMLEX Level 1		COMLEX Level 2				COMLEX Level 3	
Date passed	Score (optional)	***CE*** - Date passed	Score (optional)	***PE*** - Date passed	Score (optional)	Date passed	Score (optional)

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, 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

COLLEGE of AMERICAN PATHOLOGISTS

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

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 one fellowship position constitutes a violation of professional ethics and may result in the forfeiture of all positions.

Signature	Date

COLLEGE of AMERICAN PATHOLOGISTS

Honors and Awards ***(if explicitly listed on CV, include highlights here with reference to location on CV)***

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Publications and Presentations ***(if explicitly listed on CV, include highlights here with reference to location on CV)***

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Memberships and Leadership/Research Experience ***(if explicitly listed on CV, include highlights here with reference to location on CV)***

COLLEGE of AMERICAN PATHOLOGISTS

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