

Washington University in St. Louis  
Department of Pathology & Immunology  
**Application for Pathology Fellowships**

**Applicant Name**

<i>Last</i>	<i>First</i>	<i>Middle</i>
-------------	--------------	---------------

**Fellowship: Blood Banking & Transfusion Medicine**

<b>Training period for which applying:</b>	<i>Start date</i> <b>07/01/2027</b>	<i>Finish date</i> <b>06/30/2028</b>
--	--	---

**Personal Data**

**Other names used:**

**Present Address**

<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
---------------	-------------	--------------	--------------------------

**Permanent Address**

<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
---------------	-------------	--------------	--------------------------

**Telephone**

<i>Home</i>	<i>Work</i>	<i>Mobile</i>
-------------	-------------	---------------

**E-mail:**

**Citizenship**

<i>Country of citizenship</i>	<i>Visa status (if applicable)</i>
-------------------------------	------------------------------------

## Education

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

## Other Experience (if applicable)

<b>In chronological order, list other educational experiences, jobs, military service or training that is not accounted for above.</b>				
(Mo/Yr)	(Mo/Yr)			
(Mo/Yr)	(Mo/Yr)			
(Mo/Yr)	(Mo/Yr)			

## National Boards

<b>Please indicate national board examination dates and results received.</b>							
<b>USMLE Step 1</b>		<b>USMLE Step 2</b>				<b>USMLE Step 3</b>	
Date passed	Score (optional)	CK - Date passed	Score (optional)	CS - Date passed	Score (optional)	Date passed	Score (optional)
<b>For graduates of international medical schools, are you ECFMG-certified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide certificate number and date granted.</i>							
ECFMG Certificate Number				Date ECFMG Certificate Granted (MM-YYYY)			
<b>COMLEX Level 1</b>		<b>COMLEX Level 2</b>				<b>COMLEX Level 3</b>	
Date passed	Score (optional)	CE - Date passed	Score (optional)	PE - Date passed	Score (optional)	Date passed	Score (optional)

## Medical Licensure

<b>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."</b>			
(State)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
(State #2)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been reprimanded, or had your license suspended or revoked in any of these states?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	
Have you ever been named in (and/or had a judgment against you) in a medical malpractice legal suit?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	

<b>Board Certification</b>		
Please indicate any areas of board certification.		
<i>Board</i>	<i>Area of Certification</i>	<i>Date of Certification</i>

<b>Application Packet Checklist</b>
✓ <b>Completed Standardized Fellowship Application Form with Signature</b>
✓ <b>Included personal statement</b>
✓ <b>Updated Curriculum Vitae (CV)</b>
✓ <b>Included photo</b>
✓ <b>USMLE Score Report</b>
✓ <b>ECFMG Certificate – if applicable</b>

<b>Letters of Recommendation: Please provide the name and contact information of at least 3 individuals who can serve as recommenders for your application. Applicants must reach out to their recommenders directly to request a letter of recommendation. Letters should be emailed to Naomi Rattler at <a href="mailto:burr@wustl.edu">burr@wustl.edu</a></b>		
<b>NAME</b>	<b>TITLE</b>	<b>EMAIL</b>

<b>Signature</b>	
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.	
<i>Signature</i>	<i>Date</i>

Please submit your completed application packet via email to [burr@wustl.edu](mailto:burr@wustl.edu)