



Washington University in St. Louis
Department of Pathology & Immunology
Application for Cytopathology Fellowship

If you have completed the CAP Standardized Application for Pathology Fellowships, you do not need to fill out this current PDF. You can instead email the CAP Standardized Fellowship form to Kim Green at greenkd@wustl.edu, along with all the required documents (see application checklist below). Either form can be utilized for the purposes of the Cytopathology Fellowship Application at WashU Medicine

Applicant Name

<i>Last name</i>	<i>First</i>	<i>Middle</i>	<i>Preferred Name</i>
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Fellowship

Training Period Applying For	<i>Start date</i>	<i>Finish date</i>
NRMP Match Acknowledgement: I acknowledge the WashU Cytopathology Fellowship program has provided me with access to Salary, Benefits, Sample Agreement, and Eligibility Requirements in advance of my interview and creating a certified Rank Order List. I also acknowledge that these documents are provided for my review and consideration.		YES NO

Personal Data

Other names used:			
Mailing 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 not US Citizen</i>	

Education

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide certificate number, date granted, and a copy.							
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?) <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	

Board Certification

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

Letter of Recommendation

Please provide the name and contact information of **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 must be emailed directly to Kim Green at greenkd@wustl.edu

<i>Name</i>	<i>Title</i>	<i>Email</i>
<i>Name</i>	<i>Title</i>	<i>Email</i>
<i>Name</i>	<i>Title</i>	<i>Email</i>

Application Packet Checklist

✓ Completed Fellowship Application Form with Signature
✓ Included personal statement
✓ Updated Curriculum Vitae (CV)
✓ Included photo
✓ ECFMG certificate, if applicable

Signature

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>
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Submit your application and all supporting documents via email to greenkd@wustl.edu