WashU Medicine

Washington University in St. Louis
Department of Pathology & Immunology
Application for GU and Renal Pathology Fellowship

Applicant Name

Last name	*First*	*Middle*	*Preferred Name*

Fellowship

Training Period Applying For	*Start date*	*Finish date*

If you have completed the CAP Standard Fellowship Application, you may now submit it - along with all the required documents (see the application checklist below) - to Molly Newport at **nmolly@wustl.edu**

Personal Data

Other names used:			
Mailing Address			
Street	*City*	*State*	*ZIP / Postal code*
Telephone			
Home	*Work*	*Mobile*	
E-mail:			
Citizenship			
Country of citizenship	*Visa status if not US Citizen*		

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? ☐ Yes ☐ 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?)* ☐ 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	

Board Certification

Please indicate any areas of board certification		
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 Molly Newport at nmolly@wustl.edu

Name	*Title*	*Email*
Name	*Title*	*Email*
Name	*Title*	*Email*

Application Packet Checklist

✓	**Completed Fellowship Application Form with Signature**
✓	**Included cover letter and personal statement**
✓	**Updated Curriculum Vitae (CV)**
✓	**Included photo**
✓	**Checked with the fellowship director or coordinator whether there are other items that should be included**

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.

Signature	*Date*