

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

Applicant Name

<i>Last name</i>	<i>First</i>	<i>Middle</i>

Fellowship

Fellowship Name			
Training Period Applying For	<i>Start date</i>	<i>Finish date</i>	

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 Kim Green at greenkd@wustl.edu

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</i>		

Education

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

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, date granted, and submit a copy of certificate.							
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

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 should be emailed 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>
<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>
<i>Name</i>	<i>Title</i>	<i>Email</i>

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.

<i>Signature</i>	<i>Date</i>
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