

**APPLICATION FOR PATHOLOGY FELLOWSHIP**  
**UNIVERSITY OF COLORADO SCHOOL OF MEDICINE**  
Department of Pathology  
12631 E. 17th Avenue, Mail Stop B216, Aurora, Colorado 80045

**PHOTO**  
**OPTIONAL**

Full Name: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Visa (if applicable): \_\_\_\_\_

How do you self-identify? Please select all that apply. If you prefer not to self-identify, please ignore this section:

- African American/Black    American Indian/Alaska Native    Asian    Biracial/Multiracial  
 Hawaiian/Pacific Islander    Hispanic/Latino or Spanish Origin    Other  
 White (non-Hispanic)

Pre-Medical Education: Give names of schools, dates of attendance, degrees:

\_\_\_\_\_  
\_\_\_\_\_

Medical School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Internship Served (Give name of hospital, city, state and dates):

\_\_\_\_\_  
\_\_\_\_\_

Residency or Fellowship Training (Give name of hospital, city, state and dates):

\_\_\_\_\_  
\_\_\_\_\_

Board Eligible or Certified in (date): \_\_\_\_\_

Special Training (Postgraduate work, research, or summer medical experience):

\_\_\_\_\_  
\_\_\_\_\_

Licensed to Practice in Following States: \_\_\_\_\_

Service in Armed Forces (briefly): \_\_\_\_\_

Publications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Awards and Honors: \_\_\_\_\_

Hobbies or Special Interests: \_\_\_\_\_

Name and addresses of three persons (medical) whom you wish to use as references. (It is necessary that the applicant have supporting letters from these three individuals forwarded to this institution):

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Submit transcript of your medical college record (including class standing)

Date of desired appointment: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Present address: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Telephone number (work): \_\_\_\_\_(home): \_\_\_\_\_

Indicate the fellowship to which you are applying:

- \_\_\_\_\_ Blood Banking/Transfusion Medicine
- \_\_\_\_\_ Breast & Gynecological Pathology
- \_\_\_\_\_ Cytopathology
- \_\_\_\_\_ Dermatopathology
- \_\_\_\_\_ Forensic Pathology
- \_\_\_\_\_ GI / Liver Pathology
- \_\_\_\_\_ Hematopathology
- \_\_\_\_\_ Molecular Genetic Pathology
- \_\_\_\_\_ Pediatric Pathology
- \_\_\_\_\_ Soft Tissue Pathology

Please forward the following materials:

1. Completed application form
2. Medical school dean's letter (and ECFMG certificate if applicant is IMG)
3. Medical school transcripts
4. Three letters of recommendation (may be sent separately)
5. Curriculum vitae
6. Personal statement
7. Copies USMLE scores

Send to: [Julia Schuster](mailto:Julia.Schuster@ucdenver.edu)  
Fellowship Programs Coordinator  
University of Colorado School of Medicine  
Department of Pathology  
12631 E. 17th Avenue, Mail Stop B216  
Aurora, Colorado 80045  
Phone: 303-724-2529  
FAX: 303-724-1105  
[Julia.2.Schuster@ucdenver.edu](mailto:Julia.2.Schuster@ucdenver.edu)

*By submitting this application, I hereby certify that all of the information 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.*

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