

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):

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:

- _____ Surgical Pathology - Gynecologic & Breast Pathology
_____ Hematopathology
_____ Molecular Genetic Pathology
_____ Surgical Pathology - Bone/Soft Tissue

Please forward the following materials:

1. Completed application form
2. Medical school dean's letter (Not Required for Bone/Soft Tissue)
3. ECFMG certificate - if applicant is IMG
4. Medical school transcripts
5. Three letters of recommendation (may be sent separately)
6. Curriculum vitae
7. Personal statement
8. Copies USMLE scores

Send via Email 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

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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