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:

_____ **Blood Banking/Transfusion Medicine**

_____ **Breast & Gynecological Pathology**

_____ **Cytopathology**

_____ **Dermatopathology**

_____ **Forensic Pathology**

_____ **Hematopathology**

_____ **Molecular Genetic Pathology**

_____ **Pediatric Pathology**

_____ **Soft Tissue Pathology**

_____ **Surgical 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: Irma Salas
Fellowship Programs & Education Coordinator
University of Colorado School of Medicine
Department of Pathology
12631 E. 17th Avenue, Mail Stop B216
Aurora, Colorado 80045
Phone: 303-724-3905
FAX: 303-724-1105
irma.salas@cuanschutz.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.