

PHOTO
OPTIONAL

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

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
- _____ Cytopathology
- _____ Forensic Pathology
- _____ Hematopathology
- _____ Molecular Genetic Pathology
- _____ Pediatric 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:

[Patricia Braund](#)
Residency/Fellowship Programs Coordinator
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