# PHOTO

**OPTIONAL**

APPLICATION FOR FORENSIC 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):

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):

Academic year of desired appointment and current PGY #:

Signature of applicant: Date:

Present address:

Social Security number:

Telephone number (work): (home):

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 (including class standing)

4. Three letters of recommendation (may be sent separately)

5. Curriculum vitae

6. Personal statement

7. Copies USMLE scores

Send directly to:

Dr. Meredith Frank, Fellowship Director

Denver Office of the Medical Examiner

500 Quivas Street

Denver CO 80204

[meredith.frank@denvergov.org](file:///C:\Users\braundp\Documents\meredith.frank@denvergov.org)

***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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