



UNIVERSITY of PENNSYLVANIA MEDICAL CENTER
Department of Pathology and Laboratory Medicine

6.060 Founders Pavilion
3400 Spruce Street
Philadelphia, Pennsylvania 19104-4283

Fellowship Director: Megan S. Lim, M.D., PhD.

HEMATOPATHOLOGY FELLOWSHIP APPLICATION

Applying for academic year: 2019 - 2020

NAME IN FULL: _____ CURRENT PHONE #: _____

CURRENT ADDRESS: _____ PAGER: _____

_____ E-MAIL: _____

_____ FAX: _____

SOCIAL SECURITY #: _____ VISA STATUS: _____

ADDRESS AT MEDICAL SCHOOL: _____

_____ PHONE # _____

EMERGENCY CONTACT OTHER THAN SPOUSE (Name & Address): _____

_____ PHONE #: _____

MEDICAL SCHOOL: _____

GRADUATION DATE: _____ DEGREE: _____

RESIDENCY TRAINING: _____ DATES: _____

NAME OF PROGRAM DIRECTOR: _____ PHONE #: _____

ADDRESS: _____

NATIONAL AND/OR STATE BOARD EXAMINATION (INCLUDE DATE TAKEN AND RESULTS): _____

MEDICAL LICENSE INFORMATION:
STATE:

PERMANENT/TEMPORARY:

NUMBER:

USMLE/FLEX EXAM

STEP I

STEP II

STEP III

SCORE

DATE PASSED

DESCRIBE YOUR CAREER PLANS FOLLOWING TRAINING IN HEMATOPATHOLOGY (USE ADDITIONAL SHEET IF NECESSARY):

NAMES AND ADDRESSES OF THREE REFERENCES:

(1)

(2)

(3)

SIGNATURE: _____

DATE: _____

NOTE: To complete your application we require the following: application form, personal statement, CV, letters of reference, and USMLE score reports. We also require copies of your ECFMG certificate and visa or permanent resident card, if relevant. A personal photograph is optional.

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