



Application for University of Pennsylvania Clinical Chemistry Pathology Fellowship

Revised 9.2017

Applicant Name		
<i>Last name</i>	<i>First</i>	<i>Middle</i>

Please affix a recent passport-sized photo here.

Training period for which applying:	<i>Start date</i>	<i>Finish date</i>
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Personal Data

Other names used:

Present Address

<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
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Permanent Address

<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
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Telephone

<i>Home</i>	<i>Work</i>	<i>Mobile</i>	<i>Fax</i>
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E-mail:

Date of birth:	Place of birth:
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Citizenship:	Social Security Number (last 4 digits):
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If not a U.S. citizen, type of Visa:

Education

<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Undergraduate School)</i>	<i>(Major)</i>	<i>(Degree)</i>
to				
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Graduate School, if applicable)</i>		<i>(Degree)</i>
to				
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Medical School)</i>		<i>(Degree)</i>
to				
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Residency)</i>		<i>(AP, CP, AP/CP, other)</i>
to				
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Other GME, if applicable)</i>		<i>Area of training</i>
to				
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Other GME, if applicable)</i>		<i>Area of training</i>
to				

Other Experience	
In chronological order, list other educational experiences, jobs, military service or training that is not accounted for above.	
(Mo/Yr) to	(Mo/Yr)
(Mo/Yr) to	(Mo/Yr)
(Mo/Yr) to	(Mo/Yr)
to	

National Boards (if applicable)					
Please indicate national board examination dates and results received. <u>Please send copies of scores.</u>					
USMLE Step 1		USMLE Step 2		USMLE Step 3	
Date passed	Score	Date passed	Score	Date passed	Score
COMLEX Level 1		COMLEX Level 2		COMLEX Level 3	
Date passed	Score	Date passed	Score	Date passed	Score

Medical Licensure (if applicable)			
Please list any states in which you hold a license to practice medicine. Please provide a license number. If an application is pending in a state, please write "pending."			
(State)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
(State #2)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
(State #3)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been reprimanded, or had your license suspended or revoked in any of these states?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	
Have you ever been named in (and/or had a judgment against you) in a medical malpractice legal suit?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	

Board Certification		
Please indicate any areas of board certification or eligibility.		
Board	Area of Certification/eligibility	Date of Certification

Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience
Please list below and provide reference to location on attached CV.
On separate sheet(s) of paper please provide a personal statement. The questions below may be used to guide the content of the personal essay.
<ol style="list-style-type: none"> 1. What is your background in Clinical Chemistry/ Pathology (include relevant courses, rotations, training, and/or research). 2. How did you become interested in Clinical Chemistry? Please provide a unifying picture of how your interests in Clinical Chemistry have been shaped through the stages of your training. 3. Describe a research project you have worked on and your role. What hypotheses were tested and what conclusions were reached? List any publications that arose or are in preparation from your work. 4. Describe your career goals and how training in Clinical Chemistry & Pathology will help you attain your goals. What are your expectations from training in Clin Chemistry? 5. In your opinion, what is the future of Clinical Chemistry?

Letters of Recommendation and/or References

Please list the individuals who will write your letters of recommendation. At least three are required.

Reference #1

<i>Name</i>		<i>Title and role or context of interaction</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Reference #2

<i>Name</i>		<i>Title and role or context of interaction</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Reference #3

<i>Name</i>		<i>Title and role or context of interaction</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Reference #4 (optional)

<i>Name</i>		<i>Title and role or context of interaction</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Signature

I hereby certify that all of the information on this application 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.

<i>Signature</i>	<i>Date</i>
<p>Mail printed application and all supporting materials to:</p> <p><i>For additional information call 215.662.6575</i></p>	<p>Ping Wang, PhD, DABCC, FACB Clinical Chemistry Fellowship Director 7.103 Founders Pavilion 3400 Spruce Street Philadelphia, PA 19104</p>

Honors and Awards <i>(if explicitly listed on CV, include highlights here with reference to location on CV)</i>

Publications and Presentations <i>(if explicitly listed on CV, include highlights here with reference to location on CV)</i>

Memberships and Leadership/Research Experience <i>(if explicitly listed on CV, include highlights here with reference to location on CV)</i>

Timeline for Application
<p>January 31 Deadline for receipt of the completed application and all supporting documentation (letters of recommendation, etc.) is January 31 of the year training starts. Exceptions may be made but must be requested from the program director.</p>

Application Packet Check-list	Received date <i>(Program use only)</i>
✓ Completed Application Form with Signature	
✓ Updated Curriculum Vitae (CV)	
✓ Included personal statement	
✓ Copies of USMLE, ECFMG, or other scores <i>(Note: completion of USMLE Step III is required prior to start of fellowship)</i>	
✓ Reference letters requested (application will not be reviewed until all are received).	

