**HOSPITAL of THE UNIVERSITY of PENNSYLVANIA**
**Department of Pathology and Laboratory Medicine**
7.021 Gates Pavilion
3400 Spruce Street
Philadelphia, Pennsylvania 19104-4283

**Fellowship Director: Olga Pozdnyakova, MD, PhD**

Include Headshot

# HEMATOPATHOLOGY FELLOWSHIP APPLICATION

## Applying for academic year (NRPM Match): 2027 - 2028

**NAME (LAST, FIRST):** _____ **GENDER:** _____

**DATE OF BIRTH:** _____ **CITIZENSHIP:** _____

**VISA STATUS:** **CURRENT PHONE #:** _____

**CURRENT ADDRESS:** _____

_____

**EMAIL ADDRESS:** _____

**EMERGENCY CONTACT:** _____

**RELATIONSHIP:** _____ **PHONE #:**

**MEDICAL SCHOOL:** _____

**ADDRESS OF MEDICAL SCHOOL:**

**PHONE #:** _____ **GRADUATION DATE:** _____ **DEGREE:** _____

**RESIDENCY TRAINING:** _____

**ADDRESS:** _____

**NAME OF PROGRAM DIRECTOR:** _____ **PHONE #:** _____

**DATES OF TRAINING:** _____

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

_____

**MEDICAL LICENSE INFORMATION:** **PERMANENT/TEMPORARY:** _____

**STATE:** _____ **NUMBER:** _____

**USMLE/FLEX EXAM** **STEP I** **STEP II** **STEP III**

**SCORE:** _____

**DATE PASSED:** _____

**REFERENCES:**

**(1) NAME:** _____ **TITLE/ROLE:** _____

**INSTITUTION:** _____

**ADDRESS:** _____

**CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

**PHONE:** _____ **EMAIL:** _____

**(2) NAME:** _____ **TITLE/ROLE:** _____

**INSTITUTION:** _____

**ADDRESS:** _____

**CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

**PHONE:** _____ **EMAIL:** _____

**(3) NAME:** _____ **TITLE/ROLE:** _____

**INSTITUTION:** _____

**ADDRESS:** _____

**CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

**PHONE:** _____ **EMAIL:** _____

**TO COMPLETE YOUR APPLICATION, PLEASE INCLUDE THE FOLLOWING ITEMS:**

- **COMPLETE APPLICATION FORM**
- **PERSONAL STATEMENT**
- **CURRENT CV**
- **THREE LETTERS OF REFERENCES**
- **USMLE SCORE REPORTS**
- **ECFMG CERTIFICARE, VISA, PERMANENT RESIDENT CARD IF APPLICABLE**

**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.**

**SIGNATURE:** _____ **DATE:** _____

**Please mail (address above) **OR** email your completed application and requested documentation to**
Olga Pozdnyakova, MD, PhD at olga.pozdnyakova@pennmedicine.upenn.edu
**AND** to the fellowship coordinator at hemepathfellowship@pennmedicine.upenn.edu