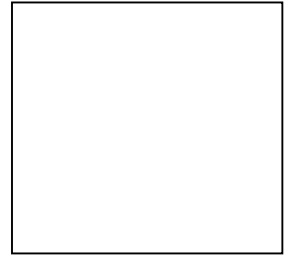




HOSPITAL of THE UNIVERSITY of PENNSYLVANIA
Department of Pathology and Laboratory Medicine
7.021 Gates Pavilion
3400 Spruce Street
Philadelphia, Pennsylvania 19104-4283

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 hemeopathfellowship@pennmedicine.upenn.edu