



UNIVERSITY of PENNSYLVANIA MEDICAL CENTER
Department of Pathology and Laboratory Medicine
3400 Spruce Street, Philadelphia, PA 19104-4283

Fellowship Director: Donald L. Siegel, M.D., Ph.D.
Director of Transfusion Medicine & Blood Bank
3 Ravidin

APPLICATION FOR TRANSFUSION MEDICINE FELLOWSHIP

Applying for academic year: _____

PLEASE NOTE: Application should be accompanied by copies of CV, USMLE/FLEX scores, and ECFMG certificate (if applicable).

NAME IN FULL: _____ PRESENT TELEPHONE #: _____

PRESENT ADDRESS: _____ BEEPER: _____

_____ E-MAIL: _____

_____ FAX: _____

SOCIAL SECURITY #: _____ VISA STATUS: _____

ADDRESS AT MEDICAL SCHOOL: _____

_____ TELEPHONE # _____

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

_____ TELEPHONE #: _____

MEDICAL SCHOOL: _____

GRADUATION DATE: _____ DEGREE: _____

RESIDENCY TRAINING: _____ DATES: _____

NAME OF PRORAM DIRECTOR: _____ TELEPHONE #: _____

ADDRESS: _____

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

MEDICAL LICENSE INFORMATION:

STATE: _____ PERMANENT/TEMPORARY: _____ NUMBER: _____

FOLLOWING TRAINING IN TRANSFUSION MEDICINE, WHAT FUTURE PLANS DO YOU HAVE IN MEDICINE: (USE ADDITIONAL PAPER IF

NECESSARY)

NAMES AND ADDRESSES OF THREE (3) REFERENCES:

<p>(1) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>(2) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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(3) _____

ARE YOU AVAILABLE TO COME AND INTERVIEW , IF REQUESTED? *(Please circle one)* YES NO

SIGNATURE: _____ DATE: _____

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