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|  | University of Pennsylvania Health System  Hospital University of Pennsylvania  Department of Pathology & Laboratory Medicine  3400 Spruce Street, Philadelphia, PA 19104-4283  Cytopathology Fellowship Application |

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| Applicant Name | | |
| *Last name* | *First* | *Middle* |
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| Training period for which applying: | *Start date* | *Finish date* |
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***Please affix a recent passport-  
sized photo here.***

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| Personal Data | | | | | | | | | | | | | | |
| Other names used: | | | |  | | | | | | | | | | |
| Present Address | | | | | | | | | | | | | | |
| *Street* | | | | | | | | *City* | | | *State* | | *ZIP / Postal code* | |
|  | | | | | | | |  | | |  | |  | |
| Permanent Address | | | | | | | | | | | | | | |
| *Street* | | | | | | | | *City* | | | *State* | | *ZIP / Postal code* | |
|  | | | | | | | |  | | |  | |  | |
| Telephone | | | | | | | | | | | | | | |
| *Home* | | | | | | *Work* | | | *Mobile* | | | *Fax* | | |
|  | | | | | |  | | |  | | |  | | |
| E-mail: | |  | | | | | | | | | | | | |
| Date of birth: | |  | | | | | | | Place of birth: |  | | | | |
| Citizenship: | |  | | | | | | | Social Security Number: | | | | | |
| If not a U.S. citizen, type of Visa: | | | | | | |  | | | | | | | |
| Education | | | | | | | | | | | | | | |
| *(Mo/Yr)* |  | | *(Mo/Yr)* | | *(Undergraduate School)* | | | | | *(Major)* | | | | *(Degree)* |
|  | **to** | |  | |  | | | | |  | | | |  |
| *(Mo/Yr)* |  | | *(Mo/Yr)* | | *(Graduate School, if applicable)* | | | | |  | | | | *(Degree)* |
|  | **to** | |  | |  | | | | |  | | | |  |
| *(Mo/Yr)* |  | | *(Mo/Yr)* | | *(Medical School)* | | | | | | | | | *(Degree)* |
|  | **to** | |  | |  | | | | | | | | |  |
| *(Mo/Yr)* |  | | *(Mo/Yr)* | | *(Residency)* | | | | | | | | | *(AP, CP, AP/CP, other)* |
|  | **to** | |  | |  | | | | | | | | |  |
| *(Mo/Yr)* |  | | *(Mo/Yr)* | | *(Other GME, if applicable)* | | | | | | | | | *Area of training* |
|  | **to** | |  | |  | | | | | | | | |  |
| *(Mo/Yr)* |  | | *(Mo/Yr)* | | *(Other GME, if applicable)* | | | | | | | | | *Area of training* |
|  | **to** | |  | |  | | | | | | | | |  |

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

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| National Boards | | | | | |
| Please indicate national board examination dates and results received. Please send copies of scores. | | | | | |
| 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* |
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| Medical Licensure | | | |
| 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?)* |
|  |  |  | Yes  No |
| *(State #2)* | *(Date Issued)* | *(Medical License Number)* | *(Active?)* |
|  |  |  | Yes  No |
| *(State #3)* | *(Date Issued)* | *(Medical License Number)* | *(Active?)* |
|  |  |  | Yes  No |
| Have you ever been reprimanded, or had your license suspended or revoked in any of these states? | | Yes *(If so, please explain in an attached sheet.)*  No | |
| Have you ever been named in (and/or had a judgment against you) in a medical malpractice legal suit? | | Yes *(If so, please explain in an attached sheet.)* No | |

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| Board Certification | | |
| Please indicate any areas of board certification or eligibility. | | |
| *Board* | *Area of Certification/eligibility* | *Date of Certification* |
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| Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience |
| Please list below and provide reference to location on attached CV. |

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| On separate sheet(s) of paper provide a personal statement. The questions below may be used to guide the content of the personal essay. |
| 1. How did you become interested in Cytopathology? Please provide a unifying picture of how your interests in cytopathology have been shaped through the stages of your training. 2. Describe a research project if any which you were involved in during your pathology training; list any publications that arose or are in preparation from your work. 3. Describe your career goals and how training in cytopathology will help you attain your goals. What are your expectations from training in cytopathology? |

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| Letters of Recommendation and/or References | | | | |
| Please list the individuals who will write your letters of recommendation. At least three are required. | | | | |
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| Reference #1 | | | | |
| *Name* | | *Title and role or context of interaction* | | |
|  | |  | | |
| *Institution* | | | | |
|  | | | | |
| *Address* | *City* | | *State* | *ZIP / Postal Code* |
|  |  | |  |  |
| *Telephone* | | *Email* | | |
|  | |  | | |
| Reference #2 | | | | |
| *Name* | | *Title and role or context of interaction* | | |
|  | |  | | |
| *Institution* | | | | |
|  | | | | |
| *Address* | *City* | | *State* | *ZIP / Postal Code* |
|  |  | |  |  |
| *Telephone* | | *Email* | | |
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| Reference #3 | | | | |
| *Name* | | *Title and role or context of interaction* | | |
|  | |  | | |
| *Institution* | | | | |
|  | | | | |
| *Address* | *City* | | *State* | *ZIP / Postal Code* |
|  |  | |  |  |
| *Telephone* | | *Email* | | |
|  | |  | | |
| Reference #4 (optional) | | | | |
| *Name* | | *Title and role or context of interaction* | | |
|  | |  | | |
| *Institution* | | | | |
|  | | | | |
| *Address* | *City* | | *State* | *ZIP / Postal Code* |
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| *Telephone* | | *Email* | | |
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| 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. | |
| *Signature* | *Date* |
|  |  |
| **Mail printed application and supporting materials to: Colette Gibson, Program Coordinator,** [**Colette.Gibson@Pennmedicine.upenn.edu**](mailto:Colette.Gibson@Pennmedicine.upenn.edu)  **For additional information call 215.662.3238** | **Program Director**  **Jalal Jalaly, MBBS, MS**  **Assosiate Professor Pathology and Laboratory Medicine**  **Assosiate Program Director**  **Nikolina Dioufa, MD, MSc, PhD**  **Assistant Professor Pathology and Laboratory Medicine** |

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| Honors and Awards *(if explicitly listed on CV, include highlights here with reference to location on CV)* |
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| Publications and Presentations *(if explicitly listed on CV, include highlights here with reference to location on CV)* |
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| Memberships and Leadership/Research Experience *(if explicitly listed on CV, include highlights here with reference to location on CV)* |
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| Timeline for Application |
| |  |  | | --- | --- | | **Part of the Recruitment Process** | **Dates** | | Application Window | July (at least 2 years prior to fellowship starting date) | |

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