



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

Fellowship Director: Zhaohai Yang, M.D., Ph.D.
Associate Professor and Director of GI / Hepatic Pathology Fellowship
6 Founders, the Hospital of the University of Pennsylvania

APPLICATION FOR FELLOWSHIP
Gastrointestinal and Hepatic Pathology

Applying for academic year: _____

PLEASE NOTE: Application should be accompanied by CV, personal statement, copies of USMLE (Steps I, II, III) scores, medical school diploma, and ECFMG certificate (if applicable).

NAME IN FULL: _____ OTHER NAME USED: _____

PRESENT ADDRESS: _____ TELEPHONE #: _____

EMAIL: _____

CITIZENSHIP: _____ US VISA STATUS: _____

EMERGENCY CONTACT (NAME, ADDRESS): _____

TELEPHONE #: _____

UNDERGRADUATE SCHOOL: _____ FROM: (MO/YR) ____/____ TO: (MO/YR): ____/____

CITY, STATE, COUNTRY: _____ DEGREE & MAJOR: _____

GRADUATE SCHOOL: _____ FROM: (MO/YR) ____/____ TO: (MO/YR): ____/____

CITY, STATE, COUNTRY: _____ DEGREE & MAJOR: _____

MEDICAL SCHOOL: _____ FROM: (MO/YR) ____/____ TO: (MO/YR): ____/____

CITY, STATE, COUNTRY: _____ DEGREE: _____

RESIDENCY: _____ FROM: (MO/YR) ____/____ TO: (MO/YR): ____/____

CITY, STATE: _____ TRACK (circle one): AP AP/CP AP/research _____

COMMITTED FELLOWSHIP: _____ FROM: (MO/YR) ____/____ TO: (MO/YR): ____/____

CITY, STATE: _____ SPECIALTY: _____

USMLE EXAMINATION (Include date taken, pass/fail of all attempts): _____

MEDICAL LICENSE INFORMATION:

STATE:

PERMANENT/TEMPORARY:

NUMBER:

HAVE YOU EVER BEEN THE SUBJECT OF A MALPRACTICE CLAIM, SCHOOL, HOSPITAL OR LICENSING BOARD DISCIPLINARY ACTION, OR CRIMINAL INVESTIGATION, EITHER PENDING OR CLOSED? (Y/N): _____ *(If yes, please explain in a separate page).*

HAVE YOU BEEN EXCLUDED FROM ANY FEDERAL, STATE, OR COMMERCIAL HEALTH BENEFIT OR INSURANCE PROGRAM DUE TO FRAUD, MISCONDUCT, OR DISCIPLINARY ACTION? (Y/N): _____ *(If yes, please explain in a separate page).*

FOLLOWING TRAINING IN GI/HEPATIC PATHOLOGY, WHAT FUTURE PLANS DO YOU HAVE IN MEDICINE: *(Use additional paper if necessary)*

NAMES, TITLES, AND ADDRESSES OF THREE (3) REFERENCES *(Including residency program director):*

(1) _____
Director, Pathology Residency Program,

(2) _____

(3) _____

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

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: _____

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