



**University of Pennsylvania Health System**  
**Hospital University of Pennsylvania**  
**Department of Pathology & Laboratory Medicine**  
 3400 Spruce Street, Philadelphia, PA 19104-4283  
**Soft Tissue/Bone Fellowship Application**

Applicant Name		
Last name	First	Middle

*Please affix a recent passport-sized photo here.*

Training period for which applying:	Start date	Finish date

**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:**

<b>Date of birth:</b>	<b>Place of birth:</b>

<b>Citizenship:</b>	<b>Social Security Number:</b>

**If not a U.S. citizen, type of Visa:**

**Education**

(Mo/Yr)	to	(Mo/Yr)	(Undergraduate School)	(Major)	(Degree)
(Mo/Yr)	to	(Mo/Yr)	(Graduate School, if applicable)		(Degree)
(Mo/Yr)	to	(Mo/Yr)	(Medical School)		(Degree)
(Mo/Yr)	to	(Mo/Yr)	(Residency)		(AP, CP, AP/CP, other)
(Mo/Yr)	to	(Mo/Yr)	(Other GME, if applicable)		Area of training
(Mo/Yr)	to	(Mo/Yr)	(Other GME, if applicable)		Area of training

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

National Boards					
<b>Please indicate national board examination dates and results received. Please send copies of scores.</b>					
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

Medical Licensure			
<b>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."</b>			
(State)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
(State #2)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
(State #3)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been reprimanded, or had your license suspended or revoked in any of these states?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	
Have you ever been named in (and/or had a judgment against you) in a medical malpractice legal suit?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	

Board Certification		
<b>Please indicate any areas of board certification or eligibility.</b>		
Board	Area of Certification/eligibility	Date of Certification

Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience
<b>Please list below and provide reference to location on attached CV.</b>

On separate sheet(s) of paper provide a personal statement. The questions below may be used to guide the content of the personal essay.
<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Describe your career goals and how training in cytopathology will help you attain your goals. What are your expectations from training in cytopathology?</li> </ol>

**Letters of Recommendation and/or References**

**Please list the individuals who will write your letters of recommendation. At least three are required.**

**Reference #1**

<i>Name</i>		<i>Title and role or context of interaction</i>	
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<i>Institution</i>			
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<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
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<i>Telephone</i>	<i>Email</i>
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**Reference #2**

<i>Name</i>		<i>Title and role or context of interaction</i>	
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<i>Institution</i>			
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<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
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<i>Telephone</i>	<i>Email</i>
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**Reference #3**

<i>Name</i>		<i>Title and role or context of interaction</i>	
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<i>Institution</i>			
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<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
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<i>Telephone</i>	<i>Email</i>
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**Reference #4 (optional)**

<i>Name</i>		<i>Title and role or context of interaction</i>	
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<i>Institution</i>			
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<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
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<i>Telephone</i>	<i>Email</i>
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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.

<i>Signature</i>	<i>Date</i>
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<p><b>Mail printed application and supporting materials to:</b>  <a href="mailto:evelyn.jones@pennmedicine.upenn.edu">Evelyn Jones Coordinator,  evelyn.jones@pennmedicine.upenn.edu</a></p> <p><b>For additional information call 215.662.5523</b></p>	<p><b>Paul Zhang, MD, - c/o Evelyn Jones, Coordinator</b>  <b>Director of Soft Tissue/Bone Fellowship</b>  <b>Division of Anatomic Pathology</b>  <b>6 Founders, 3400 Spruce Street,</b>  <b>Philadelphia PA 19104-4283</b></p>
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<b>Honors and Awards (if explicitly listed on CV, include highlights here with reference to location on CV)</b>

<b>Publications and Presentations (if explicitly listed on CV, include highlights here with reference to location on CV)</b>

<b>Memberships and Leadership/Research Experience (if explicitly listed on CV, include highlights here with reference to location on CV)</b>

<b>Timeline for Application</b>	
<b>December 1</b>	Deadline for receipt of the completed application and all supporting documentation (letters of recommendation, etc.) is 18 months prior to the desired start of the training. Exceptions may be made but must be requested from the program director.
<b>March 1</b>	Offers to applicants will be made on or after this date (16 months prior to start of training).

<b>Application Packet Check-list</b>	<b>Received date (Program use only)</b>
✓ <b>Completed Application Form with Signature</b>	
✓ <b>Updated Curriculum Vitae (CV)</b>	
✓ <b>Included personal statement</b>	
✓ <b>Copy of your ECFMG certificate</b>	
✓ <b>3 Reference letters requested (application will not be reviewed until all are received)</b>	