



LIVER/GASTROINTESTINAL PATHOLOGY FELLOWSHIP APPLICATION

Return completed application to:

Linda Ferrell, M.D.
c/o Caren Hale
Department of Pathology
University of California, San Francisco
505 Parnassus Avenue, Box 0102
San Francisco, CA 94143-0102

PLEASE TYPE (press the TAB key to move from one field to the next):

Name: Last First Middle

Permanent Mailing Address:

Present Mailing Address:

Phone Numbers: Home Hospital Email

Licensed to practice Medicine in the State of: License No.:

Passed National Boards: Part I yes no Part II yes no

If you are a Foreign Medical Graduate

Do you have an ECFMG certificate: yes no ECFMG No.: Type of Visa:

Do you have an "Applicant Evaluation of Status Letter" from the California Medical Board: yes no\*

\* This letter must be submitted with your application to be eligible to train in the State of California.

EDUCATION

Premedical: Dates: Degree:

Other: Dates: Degree:

Medical: Dates: Degree:

Internship: Hospital Chief of Service Dates: Degree:

Residency: Hospital Chief of Service Dates: Degree:

Hospital Chief of Service Dates: Degree:

**Language skills other than English (list languages and place a check mark in the appropriate area)**

Language \_\_\_\_\_

Excellent      Good      Fair

Read      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Speak      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Understand      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Language \_\_\_\_\_

Excellent      Good      Fair

Read      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Speak      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Understand      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**PREVIOUS EMPLOYMENT (Professional or Scientifically related)**

Place \_\_\_\_\_ Dates \_\_\_\_\_ Duties \_\_\_\_\_

Place \_\_\_\_\_ Dates \_\_\_\_\_ Duties \_\_\_\_\_

Scholastic Society \_\_\_\_\_

Honors and Awards:

Previous Research and Scientific Investigations:

Publications (or attach Bibliography):

Describe Career goals/professional plans for the future (continue on additional pages if necessary):

## REFERENCES

You are required and expected to solicit these letters yourself.

1. \_\_\_\_\_  
Name Title Address Phone Number
  
2. \_\_\_\_\_  
Name Title Address Phone Number
  
3. \_\_\_\_\_  
Name Title Address Phone Number

## **PRIVACY NOTIFICATION STATEMENT**

The information collected is used to satisfy the educational mission of the University and its legal obligations, including determination of eligibility, assessment and evaluation of professional qualifications.

With the exception of the Affirmative Action data, all information requested is mandatory. If the information is not provided, the application will be deemed incomplete and not considered by the program. The information you provide will be reviewed by the Departmental Residency selection committee and may be released pursuant to applicable Federal or State law. The privacy of your file will be the responsibility of the Department.

Individuals have the right to review their own records in accordance with the Information Practices Act and University policy. Information on these policies may be obtained from the training Program to which you have applied and where your file is maintained.

I hereby authorize representatives of the School of Medicine to contact any or all of my former employees, educational institutions attended, or other persons and organizations determined to have information relevant to my application for clinical training. I further consent to such persons and organizations releasing relevant information to the School of Medicine, notwithstanding that it might otherwise be confidential. I understand that any information obtained by the School of Medicine will be treated as confidential personal information. I hereby certify that I have read and understood all statements and questions on this application and that my responses are true and complete to the best of my knowledge. If employed, I understand that falsification of this record may be considered cause for my termination.

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Signature of Applicant

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Date

## AFFIRMATIVE ACTION FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Furnishing information on this form is not required, but it is extremely helpful to our affirmative action activities. Please see the reverse side for further information.**

- \_\_\_\_\_ (F) White (not of Hispanic origin)
- \_\_\_\_\_ (A) Black/Afro-American (not of Hispanic origin)
- \_\_\_\_\_ (B) Asian or Pacific Islander  
Chinese/Chinese-American, Japanese/Japanese-American, Filipino/Philippino, Pakistan/East Indian,  
Other Asian
- \_\_\_\_\_ (C) American Indian or Alaskan Native
- \_\_\_\_\_ (E) Hispanic  
Mexican/Mexican American/Chicano, Latin-American/Latino, Other Spanish/Spanish-American
  
- \_\_\_\_\_ (F) Female
- \_\_\_\_\_ (M) Male
  
- \_\_\_\_\_ (A) Vietnam Era Veteran (non-disabled)
- \_\_\_\_\_ (B) Vietnam Era Veteran (disabled)
- \_\_\_\_\_ (C) Disabled Person (non-veteran)
- \_\_\_\_\_ (D) Non-Vietnam Era Veteran (disabled)
  
- \_\_\_\_\_ (X) I have read this form and do not wish to provide the information requested.

Handicap: The following optional information is requested in connection with voluntary action efforts being taken by this campus to increase participation of qualified handicapped students in our programs and activities. The information will be kept confidential and will be used only in accordance with the implementing regulation to Section 504 of the Rehabilitation Act of 1973. Refusal to provide the information will no result in adverse treatment, and it is to be used solely for the purpose of recruitment. The campus is developing specialized resources to reduce barriers to students with disabilities. Please identify any disability you have so the campus may contact you and let you know of any reseources and services we can provide:

**Privacy Notification Statement:** The State of California Information Practices Act of 1997 (effective July 1, 1978) requires the University to provide the following information to individuals who supply information about themselves:

The principal purpose for requesting the information is for use in compiling statistical reports. This information may be used in limited circumstances by The University to achieve affirmative action objectives. Maintenance of the information is authorized by the University policy.

Furnishing this information is voluntary. There is no penalty for not providing the information. Information furnished will be transmitted to State and Federal agencies if required by law.

Individuals have the right of access to these records as they pertain to themselves.

In accordance with applicable State and Federal laws, the University of California, San Francisco does not discriminate in any of its policies, procedures, or practices on the basis of race, national origin, religion, sex, handicap, age, veteran status, medical condition (as defined in Section 12926 of the California Evidence Code), ancestry, marital status, or sexual preference nor does the University discriminate on the basis of citizenship, within the limits imposed by law or University policy.

In conformance with applicable law and University policy, the University of California, San Francisco is an affirmative action/equal opportunity employer.

Inquiries regarding the University's equal opportunity policies may be directed to: Affirmative Action Coordinator, University of California, San Francisco, (415) 476-4752.

#### DEFINITIONS

The following definitions have been extracted from the Department of Labor regulations implementing Section 503 of the Rehabilitation Act of 1973 and Public Law 38 of the U.S. Code Sections 2011 and 2012, Part 20-250.

“Handicapped individual” means any person who (1) has physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment or (3) is regarded as having such impairment. For purposes of this Part, a handicapped individual is “substantially limited” if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of handicap.

“Disabled veteran” means a person entitled to disability compensation under the laws administered by the Veteran's Administration for disability rated at 30 per centum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

“Veteran of the Vietnam era” means a person (1) who (i) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975, and (2) who was so discharged or released within 48 months preceding the alleged violation of the Act, the affirmative action clause and/or regulation issued pursuant to the Act.

## **GRADUATES OF FOREIGN MEDICAL SCHOOLS APPLICATION GUIDELINES**

Thank you for your interest in the training programs at the University of California, San Francisco (UCSF). Before you may apply to our clinical training programs, however, it will be necessary for you to accomplish the following:

### **STEP 1**

You must hold a current, valid certification from the **Educational Commission for Foreign Medical Graduates (ECFMG)**. This is mandatory for appointment at this institution as well as for medical licensure in the State of California. You will need to contact the office directly to obtain an application and to arrange to take The United States Medical Licensing Examination (USMLE). After you pass the examination (Parts I and II), Clinical Skills Assessment and the English test, you will be granted an ECFMG certificate.

If you are not a citizen of the U.S. and you do not hold a Permanent Resident status, you will be required to secure the ECFMG-J1 visa to enter this institution for medical training. The University of California does not sponsor H1 visas for medical trainees.

### **STEP 2**

After you have received your ECFMG certificate, and prior to applying for training at UCSF, you must contact the **Medical Board of California (MBC)**. The address is on the next page. The MBC will require that you complete their application form and submit various documents and records along with a processing fee. Upon a successful review of your application credentials, your education, and your USMLE scores, the MBC will issue an "Applicant Evaluation of Status Letter". This letter enables you to apply for training at UCSF.

### **STEP 3**

If you are applying for a first-year training position filled through the **National Resident Matching Program (NRMP)**, it will be necessary for you to register with that organization. The address is listed on next page.

## **EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES**

ECFMG-ERAS Program  
P.O. Box 13467  
Philadelphia, PA 19104-3467  
USA

Phone: (215) 386-5000  
<http://www.ecfmg.org>

## **MEDICAL BOARD OF CALIFORNIA**

1426 Howe Avenue  
Suite 54  
Sacramento, CA 95825-3236  
USA

Phone: (916) 263-2646  
<http://www.medbd.ca.gov>

## **NATIONAL RESIDENT MATCHING PROGRAM**

2450 N Street, NW  
Suite 201  
Washington, DC 20037-1141  
USA

Phone: (202) 828-0566  
<http://nrmp.aamc.org>