

### Please Read Instructions Carefully:

It is your responsibility to read the following instructions to ensure that we receive an accurate and complete application.

Please answer all questions to the best of your ability and check your answers. USMLE Scores are often locked when electronically submitted. We suggest printing them out and re-scanning them into one document. Please submit all required documents as PDF format, including this application form.

This application is for fellowship opening in the following areas:

- Cytopathology Clinical Fellowship 2023-2024
- Dermatopathology Clinical Fellowship 2023-2025
- Laboratory Genetics and Genomics Fellowship 2022-2024

All other fellowships for the UCSF Department of Pathology are currently full through 2024-2025 and applications will not be accepted at this time.

### Part I. Applicant Information

Applicant Information			
Full Name:	_____		Date: _____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Current Address:	_____		
	<i>Street Address</i>		<i>Apartment/Unit #</i>
	_____		
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Permanent Address:	_____		
	<i>Street Address</i>		<i>Apartment/Unit #</i>
	_____		
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Phone:	_____	Email	_____
Position Applied for:	_____		
Please indicate country of your citizenship:	_____		
Date of Birth	_____		
Ethnicity/Race:	_____		
Gender:	_____		
Visa Status:	_____		
	We only accept J-1 ECFMG Sponsored Visas. H1B (transfers) may be accepted but must have approval by our Office of Graduate Education on a case by case basis.		
Visa Expiration Date	_____		

## Education

Premedical  
Education: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree Conferred: \_\_\_\_\_

Medical  
School: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Internship: \_\_\_\_\_

City & State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Residency: \_\_\_\_\_

PGY Level(s)/Type of Residency \_\_\_\_\_

City & State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Please explain any chronological gaps in education/training/employment since graduating from Medical School

## Exams

Please be sure to include PDFs of your scores for exams as part of the completion for this application.

USMLE I or COMLEX 1:

Date of Exam: \_\_\_\_\_ Score: \_\_\_\_\_

USMLE II (CS) or COMLEX 2 (PE):

Date of Exam: \_\_\_\_\_ Pass/Fail: \_\_\_\_\_

USMLE II (CK) or COMLEX 2 (CE):

Date of Exam: \_\_\_\_\_ Score: \_\_\_\_\_

**International Graduates Only – Do you possess and ECFMG certificate?**

YES

☐

NO

☐

LMCC I (for Canadian Applicants)

Date of  
Exam:

Score: \_\_\_\_\_

LMCC II (for Canadian Applicants)

Date of  
Exam:

Score: \_\_\_\_\_

Board Status

If you are certified, please enter your Certificate number here: \_\_\_\_\_

If you answered other, please explain here \_\_\_\_\_

States in which you are licensed to practice medicine: \_\_\_\_\_

### References

*Please provide details for your reference letter writers below. Please have your letter writers submit your letters of reference directly to Kelly McNeill, Chief Administrative Officer, Department of Pathology via email to [Kelly.McNeill@ucsf.edu](mailto:Kelly.McNeill@ucsf.edu). Should we have any questions, we will contact them via the information provided below. A letter from your program director must be included to complete your application.*

Program Directors Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Email Address  
\_\_\_\_\_

Reference Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Supplemental Documents

**Curriculum Vitae:** Please include a PDF of your current CV with this application form.

**Personal Statement:** Please include a PDF of your personal statement with this application form.

**Photograph:** Please include a photo of yourself in jpeg, gif, or PDF format with this application form.

If you have any additional information that would be relevant and important for the application committee to be aware of, please include this information in PDF format with this application.

## Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_