

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.

Position Applied for:

All other fellowships not listed in the above drop down list 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: _____
Last First M.I.

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Permanent Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

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: _____

Step 1 scores are P/F after 01/26/2022

Pass/Fail: _____

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 an 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 Suria Sadat, Fellowship Program Administrator, Department of Pathology via email to suria.sadat@ucsf.edu. Should we have any questions, we will contact them via the information you have 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: _____