

**UTMB**

**DEPARTMENT OF PATHOLOGY**  
The University of Texas Medical Branch  
301 University Boulevard  
Galveston, Texas 77555-0588  
(409) 772-0664 Fax: (409) 747-0060

POSITION BEGINNING \_\_\_\_\_  
(Month/Year)

\_\_\_\_\_ Surgical Pathology Fellowship

**I. PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Sex: **M F**  
(First, Middle Initial, Last Name)

Current Address: \_\_\_\_\_  
(Mailing Address) (City)

\_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Phone number)

\_\_\_\_\_ SSN \_\_\_\_\_  
(e-mail address)

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(Month, Day, Year) (City/State; if foreign borne, City/Country)

Citizenship: \_\_\_\_\_ ECFMG# \_\_\_\_\_  
( if applicable)

If non-US citizen, Immigration Status: \_\_\_\_\_ Permanent Immigrant Visa  
\_\_\_\_\_ J1 Visa  
\_\_\_\_\_ Other \_\_\_\_\_

**II. EDUCATION: List education in chronological order, beginning with first entry into college**

**PREMEDICAL EDUCATION**

College and Location	Major Area of Study	Dates Attended	Degree/Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**POST-GRADUATE EDUCATION (Medical School, Graduate School)**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## INTERNSHIPS, RESIDENCIES, FELLOWSHIPS, OTHER WORK

Name of Hospital	Location	Specialty	Dates

### III. TEST SCORES (if applicable)

Include copies of ECFMG certificate, including scores on Medical and English examinations, copy of TOEFL, and USMLE scores, if taken, and copy of medical school diploma.

USMLE:	Step 1	Date passed _____	Score _____	Attempts _____
	Step 2	Date passed _____	Score _____	Attempts _____
	Step 3	Date passed _____	Score _____	Attempts _____

*To obtain a Texas Medical License, each step of USMLE must be passed within three attempts.*

### IV. CV and PERSONAL STATEMENT

**Please attach a copy of your current curriculum vitae. Please write a brief narrative discussing your interest in pathology and your ultimate professional goals. Are you interested in an academic career in teaching and research, private practice, administration or other areas? How much subsequent training do you plan?** Please include a 2"x2" photograph.

**V. REFERENCES.** You must contact these people and have them send letters of reference to Mahmoud Eltorkey, M.D., Ph.D., at the address listed on the front of this application.

A minimum of three letters are required from faculty or professional staff of your medical school or hospital where you have worked. Please ask the Dean's Office of your medical school to send a DEAN'S LETTER of reference and a TRANSCRIPT of your medical school record.

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### VI. Interviews by INVITATION ONLY.

\_\_\_\_\_  
Personal Signature in Ink

\_\_\_\_\_  
Date