

UTMB

DEPARTMENT OF PATHOLOGY
The University of Texas Medical Branch
1.104 Keiller Building
301 University Boulevard
Galveston, Texas 77555-0609
(409) 772-2870 Fax: (409) 747-2400

POSITION BEGINNING _____
(Month/Year)

Cytopathology Fellowship

I. PERSONAL INFORMATION

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

Current Address: _____ (City)
(Mailing Address)

(State) (Zip Code) (_____) (Phone number)

(e-mail address) SSN _____

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 Dr. Vicki Schnadig, M.D., C/O Pathology Education Office 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.

VI. Interviews by INVITATION ONLY.

Personal Signature in Ink

Date