2020 Dermatopathology Fellowship Application Instructions

Thank you for your interest in the Harvard-BWH/MGH Dermatopathology Fellowship Program. Below are the instructions for submitting your application packet for consideration.

1. All communications and DOCUMENTS should be sent through the dedicated Fellowship email address: 
   [HMSdermpathfellowship@bwh.harvard.edu](mailto:HMSdermpathfellowship@bwh.harvard.edu)

2. All documents must be in PDF format; please make sure they are in portrait layout and there are no password protections on the forms.

   • Letters of Recommendation should be emailed directly from recommender’s office to the dedicated fellowship email in PDF portrait format. See examples below for naming.

3. Documents required for complete applications are:
   • Harvard-BWH/MGH Fellowship Application (5 pages & signed by applicant)
   • Curriculum Vitae
   • Personal Statement
   • USMLE Scores
   • Letters of Recommendation-THREE
   • *Foreign Medical School- ECFMG Certificate

4. Please name each form with your full name and name of document with Underscore (_) document name LOR_referee:
   see examples - Applicant is resident- Peter Bent Brigham and his Letters of Recommendation are from Drs. Skinner, Bodee, and Lim.

   PeterBentBrigham_APP
   PeterBentBrigham_CV
   PeterBentBrigham_PS
   PeterBentBrigham_USMLE
   PeterBentBrigham_LOR_Dr. Skinner
   PeterBentBrigham_LOR_Dr. Bodee
   PeterBentBrigham_LOR_Dr. Lim

5. Completed application Deadline: August 15, 2018

6. See attached Fellowship description pages. Instruction page and program description are not returned with application.

Many thanks,
Elaine Garland, Program Coordinator
George F. Murphy, M.D.
Professor of Pathology
Director, Dermatopathology Fellowship
Chief, Program in Dermatopathology
Brigham and Women’s Hospital
221 Longwood Avenue - EBRC 401
Boston, MA 02115
[HMSdermpathfellowship@bwh.harvard.edu](mailto:HMSdermpathfellowship@bwh.harvard.edu)
Description: The Harvard BWH/MGH Dermatopathology Program is a fully-approved one year fellowship program that combines the primary resources of two main Harvard Teaching Hospitals: the Brigham and Women’s Hospital (BWH), and the Massachusetts General Hospital (MGH). Fellows receive comprehensive training in all aspects of Dermatopathology and related aspects of precision medicine. Diverse and complementary opportunities in research are abundant.

Requirements: All applicants must have completed ACGME-accredited residency in Anatomic Pathology, Anatomic and Clinical Pathology, or Dermatology. Fellowship candidates must be graduates of approved medical schools in the United States or Canada. Graduates of foreign medical schools must have an ECFMG Certificate. Applicants must have completed a residency training program in either Pathology or Dermatology and be eligible for certification in either one to enter the program.

Types and Numbers of Appointments: Two (2) Dermatopathology Fellowship positions are available.

Facilities: BWH, and MGH provide approximately 1,800 beds and 100,000 surgical pathology specimens (of which approximately 26,000 are skin), in addition to consultation cases from affiliated and outside institutions and international specimens through the Partners in Health initiative. The dermatology clinics have a total yearly patient census of over 90,000. Research interests are diverse and include melanoma immunity, cancer epigenetics, stem cell biology, skin biomarkers, graft-versus-host disease, skin regeneration, and immunopathology of face transplantation. The Harvard Medical School and its 500,000-volume collection at the Countway Library is adjacent to the BWH.

Community: Boston has many universities and cultural facilities. BWH is in the Longwood Medical area in the immediate environs of the Dana Farber Cancer Center, the Harvard School of Public Health, and the Harvard Dental School, all within several blocks of the Museum of Fine Arts and the Isabella Stewart Gardner Museum. The Massachusetts General Hospital is approximately three miles away, situated at the foot of historic Beacon Hill on the Charles River and in the heart of historic Boston. All amenities of Boston are readily accessible by public transportation.

Stipends: Stipends ranged from $72,000 to $83,000 for PGY years 4-7 for 2018-2019 academic years.

Dermatopathology Staff (complemented by numerous participating clinicians, subspecialists, and investigators):
BWH: George F. Murphy, MD; Fellowship Program Director; John Hanna, MD, PhD; Alvaro Laga, MD; Christine G. Lian, MD; MD. MGH: Lyn M. Duncan, MD, Institutional Director; Ruth Foreman, MD, PhD; Mai P. Hoang, MD; Rosalyn M. Nazarian, MD.; Kristine M. Cornejo, MD.

Applications: Applications must be received by August 15, 2018 via EMAIL for appointments beginning on July 01, 2020. Program Address: Brigham and Women’s Hospital, Harvard Dermatopathology Fellowship, c/o Elaine Garland, Program Coordinator, 221 Longwood Avenue, EBRC 401, Boston, Massachusetts 02115.
Phone: (617) 525-7484 • Fax: (617) 264-5149 • E-mail: hmsdermpathfellowship@bwh.harvard.edu
# Standardized Application for Pathology Fellowships

**Applicant Name**

<table>
<thead>
<tr>
<th>Last name</th>
<th>First</th>
<th>Middle</th>
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**Fellowship Type**

This application is being made for a fellowship in (please check one):

- [ ] Blood banking/Transfusion medicine
- [ ] Chemistry
- [ ] Dermatopathology
- [ ] Forensic pathology
- [ ] Genitourinary pathology
- [ ] Hematopathology
- [ ] Molecular genetic pathology
- [ ] Pathology informatics
- [ ] Pulmonary/Mediastinal pathology
- [ ] Soft tissue/Bone pathology
- [ ] Other, please specify:

**Training period for which applying:**

<table>
<thead>
<tr>
<th>Start date</th>
<th>Finish date</th>
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**Personal Data**

**Other names used:**

**Present Address**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>ZIP / Postal code</th>
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</table>

**Permanent Address**

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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>ZIP / Postal code</th>
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**Telephone**

<table>
<thead>
<tr>
<th>Home</th>
<th>Work</th>
<th>Mobile</th>
<th>Fax</th>
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**E-mail:**

**Date of birth:**

**Place of birth:**

**What race do you self-identify as?**

**Citizenship:**

**Social Security Number:**

**If not a U.S. citizen, type of Visa:**
### Education

<table>
<thead>
<tr>
<th>(Mo/Yr) to (Mo/Yr)</th>
<th>(Undergraduate School)</th>
<th>(Major)</th>
<th>(Degree)</th>
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<tr>
<th>(Mo/Yr) to (Mo/Yr)</th>
<th>(Graduate School, if applicable)</th>
<th></th>
<th>(Degree)</th>
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<tr>
<th>(Mo/Dy/Yr) to (Mo/Dy/Yr)</th>
<th>(Medical School)</th>
<th></th>
<th>(Degree)</th>
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<tr>
<th>(Mo/Yr) to (Mo/Yr)</th>
<th>(Residency)</th>
<th>(AP, CP, AP/CP, other)</th>
<th>Area of training</th>
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<tr>
<th>(Mo/Yr) to (Mo/Yr)</th>
<th>(Other GME, if applicable)</th>
<th>Area of training</th>
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### Other Experience

In chronological order, list other educational experiences, jobs, military service or training that is not accounted for above.

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<tr>
<th>(Mo/Yr) to (Mo/Yr)</th>
<th>(Other GME, if applicable)</th>
<th>Area of training</th>
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### National Boards

Please indicate national board examination dates and results received.

<table>
<thead>
<tr>
<th></th>
<th>USMLE Step 1</th>
<th>USMLE Step 2</th>
<th>USMLE Step 3</th>
</tr>
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<tbody>
<tr>
<td>Date passed</td>
<td>Score (optional)</td>
<td>CK - Date passed</td>
<td>Score (optional)</td>
</tr>
<tr>
<td>For graduates of international medical schools, are you ECFMG-certified?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>If yes, list date certified (Mo/Yr):</td>
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<tr>
<th></th>
<th>COMLEX Level 1</th>
<th>COMLEX Level 2</th>
<th>COMLEX Level 3</th>
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</thead>
<tbody>
<tr>
<td>Date passed</td>
<td>Score (optional)</td>
<td>Date passed</td>
<td>Score (optional)</td>
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### Medical Licensure

Please list any states in which you hold a license to practice medicine. Please provide a license number. If an application is pending in a state, please write "pending."

<table>
<thead>
<tr>
<th>(State)</th>
<th>(Date Issued)</th>
<th>(Medical License Number)</th>
<th>(Active?)</th>
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<tbody>
<tr>
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<td></td>
<td></td>
<td>☐ Yes</td>
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</table>

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<thead>
<tr>
<th>(State #2)</th>
<th>(Date Issued)</th>
<th>(Medical License Number)</th>
<th>(Active?)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes</td>
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</table>

Have you ever been reprimanded, or had your license suspended or revoked in any of these states? ☐ Yes (If so, please explain in an attached sheet.) ☐ No

Have you ever been named in (and/or had a judgment against you) in a medical malpractice legal suit? ☐ Yes (If so, please explain in an attached sheet.) ☐ No
### Board Certification

Please indicate any areas of board certification.

<table>
<thead>
<tr>
<th>Board</th>
<th>Area of Certification</th>
<th>Date of Certification</th>
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<tbody>
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</tbody>
</table>

### Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience

Please list on attached application forms or include this information in your CV.

### Letters of Recommendation and/or References

Please list the individuals who will write your letters of recommendation. At least three are required.

#### Reference #1

Name

Title

Institution

Address

City

State

ZIP / Postal Code

Telephone

Email

#### Reference #2

Name

Title

Institution

Address

City

State

ZIP / Postal Code

Telephone

Email

#### Reference #3

Name

Title

Institution

Address

City

State

ZIP / Postal Code

Telephone

Email

#### Reference #4 (optional)

Name

Title

Institution

Address

City

State

ZIP / Postal Code
I hereby certify that all of the information on this application is accurate, complete, and current to the best of my knowledge, and that this application is being made for serious consideration of training in the Pathology Fellowship indicated. I understand that accepting more than one fellowship position constitutes a violation of professional ethics and may result in the forfeiture of all positions.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</table>
Memberships and Leadership/Research Experience *(if explicitly listed on CV, include highlights here with reference to location on CV)*
Residents Forum Suggested Timeline for Application

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>December 1</td>
<td>Deadline for receipt of the completed Residents Forum Standardized Application and all supporting documentation (letters of recommendation, etc.)</td>
</tr>
<tr>
<td>March 1</td>
<td>Deadline for program to make offers to applicants</td>
</tr>
</tbody>
</table>

Application Packet Check-list

- Completed Standardized Fellowship Application Form with Signature
- Updated Curriculum Vitae (CV)
- Included cover letter and/or personal statement
- 3 Letters of Reference
- USMLE’s step 1, 2, 3
- ECFMG Certificate (if applicable)
- Checked with the fellowship director or coordinator whether there are other items that should be included
- Included photo