



Harvard Medical School Molecular Genetic Pathology Training Program

Applicant Name		
<i>Last name</i>	<i>First</i>	<i>Middle</i>

Training period for which applying:	<i>Start date</i>	<i>Finish date</i>
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Personal Data			
Other names used:			
Present Address			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
Permanent Address			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
Telephone			
<i>Home</i>	<i>Work</i>	<i>Mobile</i>	<i>Fax</i>
E-mail:		Language Fluency (other than English):	
Date of birth:		Place of birth:	
Citizenship:		Social Security Number:	
If not a U.S. citizen, type of Visa:			

Education			
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Undergraduate School)</i>	<i>(Degree)</i>
to			
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Graduate School, if applicable)</i>	<i>(Degree)</i>
to			
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Medical School)</i>	<i>(Degree)</i>
to			
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Residency)</i>	<i>(AP, CP, AP/CP, Medical Genetics, other)</i>
to			
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Other GME, if applicable)</i>	<i>Area of training</i>
to			
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Other GME, if applicable)</i>	<i>Area of training</i>
to			

Other Experience	
In chronological order, list other educational experiences, jobs, military service or training that is not accounted for above.	
(Mo/Yr) to	(Mo/Yr)
(Mo/Yr) to	(Mo/Yr)
(Mo/Yr) to	(Mo/Yr)

National Boards					
Please indicate national board examination dates and results received.					
USMLE Step 1		USMLE Step 2		USMLE Step 3	
Date passed	Score (optional)	Date passed	Score (optional)	Date passed	Score (optional)
COMLEX Level 1		COMLEX Level 2		COMLEX Level 3	
Date passed	Score (optional)	Date passed	Score (optional)	Date passed	Score (optional)

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."			
(State)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
(State #2)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
(State #3)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been reprimanded, or had your license suspended or revoked in any of these states?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	
Have you ever been named in (and/or had a judgment against you) in a medical malpractice legal suit?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	

Board Certification		
Please indicate any areas of board certification.		
Board	Area of Certification	Date of Certification

Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience
Please list on attached application forms or include this information in your CV.

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

Personal Statement
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

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Reference #2

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Reference #3

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Reference #4 (optional)

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Signature (may omit if submitting electronically)

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.

<i>Signature</i>	<i>Date</i>
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Honors and Awards *(if explicitly listed on CV, include highlights here with reference to location on CV)*

Publications and Presentations *(if explicitly listed on CV, include highlights here with reference to location on CV)*

Memberships and Leadership/Research Experience *(if explicitly listed on CV, include highlights here with reference to location on CV)*

Personal Statement: Please tell us why you are interested in pursuing a career in Molecular Genetic Pathology highlighting your previous accomplishments and commenting on your future career goals.

Application Packet Check-list

- ✓ **Completed Standardized Fellowship Application Form with Signature**
- ✓ **Updated Curriculum Vitae (CV)**
- ✓ **Included cover letter and personal statement**
- ✓ **Checked with the fellowship director or coordinator whether there are other items that should be included**
- ✓ **Included photo**

Please affix a recent passport-sized photo here.

If submitting electronically, include a recent passport-style photo in .JPG format with the application.