**THE UNIVERSITY OF CHICAGO**

**DEPARTMENT OF PATHOLOGY**

AT THE FOREFRONT OF MEDICINE®

5841 S. Maryland Avenue

MC 6101

Chicago, IL 60637-1470 

Application for: **choose fellowship** Fellowship

for Training Period year to year

**APPLICANT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Last Name: Click here | First Name: Click here | M.I.: Click here |
| Street Address: Click here |
| City: Click here | State: Click here | Country: Click here  |
| Phone: Click here  | Email: Click here | Alt phone or email: Click here |
| Date of Birth: Click here | Place of Birth: Click here | Soc Sec #: Click here |

**CITIZENSHIP**

|  |
| --- |
| Type of Citizenship: Choose citizenship |
| If not a citizen or permanent resident, describe visa status: Click here |

**EDUCATION**

|  |  |
| --- | --- |
| Undergraduate: Click here | Graduation Date: Select Month & Year |
| Medical School: Click here | Graduation Date: Select Month & Year |
| Honors and Awards: Click here |
| Degree Upon Completion: Click here |
| Internship (if applicable): Click here | Graduation Date: Select Month & Year |
| Pathology Residency: Click here | Graduation Date: Select Month & Year |
| Other Residency (if applicable): Click here | Graduation Date: Select Month & Year |
| Other Fellowships (if applicable): Click here | Graduation Date: Select Month & Year |

**USMLE Scores**

|  |  |  |
| --- | --- | --- |
| Part I: Click here  | Part II: Click here | Part III: Click here |
| ECFMG Certificate # (if applicable): Click here | ECFMG Issue Date: Select Month & Year |

**Please provide a hard copy of this application, your USMLE Scores, and your ECFMG Certificate.**

**INSTRUCTIONS**

You may complete and submit your application via **email** to your Fellowship Director (below) and Fellowship Coordinator (Andre’a Wortham Robinson awrobinson1@bsd.uchicago.edu).

Before your application will be considered we must have the following:

1. Completed and signed **hard copy** of this application (please do not leave any items blank)
2. Curriculum Vitae
3. Personal Statement that includes a brief biography and your career plans
4. **Hard copies** of your USMLE Scores
5. A **hard copy** of your ECFMG certificate if you are a foreign medical graduate
6. Three letters of recommendation addressed to your Fellowship Director:
* Blood Bank / Transfusion Medicine: Geoffrey Wool, MD, PhD Geoffrey.Wool@uchicagomedicine.org
* Bone & Soft Tissue Pathology: Peter Pytel, MD Peter.Pytel@bsd.uchicago.edu
* Breast Pathology: Anna Biernacka, MD, PhD Anna.Biernacka@uchicagomedicine.org
* Clinical Chemistry: KT Jerry Yeo, PhD jyeo@bsd.uchicago.edu
* Cytopathology: Tatjana Antic, MD Tatjana.Antic@bsd.uchicago.edu
* Gastrointestinal & Hepatic Pathology: John Hart, MD John.Hart@bsd.uchicago.edu
* Genitourinary Pathology: Gladell Paner, MD Gladell.Paner@bsd.uchicago.edu
* Gynecologic Pathology: Ricardo Lastra, MD Ricardo.Lastra@bsd.uchicago.edu
* Head & Neck Pathology: Mark Lingen, DDS, PhD, FRCPath Mark.Lingen@bsd.uchicago.edu
* Hematopathology: Girish Venkataraman, MBBS Girish.Venkataraman@bsd.uchicago.edu
* Laboratory Genetics and Genomics: Daniela Del Gaudio, PhD, FACMG ddelgaudio@bsd.uchicago.edu
* Medical Microbiology: Vera Tesic, MD Vera.Tesic@bsd.uchicago.edu
* Renal Pathology: Anthony Chang, MD Anthony.Chang@bsd.uchicago.edu
* Thoracic Pathology: Aliya Husain, MBBS Aliya.Husain@bsd.uchicago.edu
* Transplant Immunology (HLA): Susana Marino, MD, PhD smarino@bsd.uchicago.edu

Please send **hard copies** to:

Andre’a Wortham Robinson

Residency and Fellowship Coordinator

The University of Chicago

Department of Pathology

5841 S. Maryland Ave.

MC 6101

Chicago, IL 60637-1470

Telephone: 773-834-7708

Fax: 773-834-7644

Email: awrobinson1@bsd.uchicago.edu