**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 the Fellowship Director (below) and Fellowship Coordinator (Yinka Ogunbekun adeyinka.ogunbekun@bsd.uchicago.edu).

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

1. Completed and **signed** 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. A copy of your official USMLE transcript
5. A copy of your official ECFMG certificate (if applicable)
6. **Three** letters of recommendation addressed to the Fellowship Program Director:
* Blood Bank / Transfusion Medicine: Geoffrey Wool, MD, PhD Geoffrey.Wool@uchospitals.edu
* Cytopathology: Tatjana Antic, MD Tatjana.Antic@bsd.uchicago.edu
* Hematopathology: Girish Venkataraman, MD Girish.Venkataraman@bsd.uchicago.edu
* Medical Microbiology Vera Tesic, MD VTesic@bsd.uchicago.edu
* Molecular Genetic Pathology Mir Alikhan, MD malikhan@northshore.org