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RUSH UNIVERSITY MEDICAL CENTER

1653 West Congress Parkway
Chicago, Illinois 60612

Application for Fellowship
Please Type (preferred) or Print (clearly)

PATHOLOGY Cytopathology Fellowship

Name _____ Start Date ____/____/____
Last First Middle

Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Ext. or Page # _____

Date of Birth ____/____/____ Place of Birth _____

Social Security Number _____ - _____ - _____ email: _____@_____._____

Current Medical Licensure: State _____ License No: _____ Expiration Date: ____/____/____

Country of Citizenship _____ Type of Visa: J ____ H1B ____ Perm Res _____

ECFMG Certification No. _____ Valid indefinitely Yes ____ No ____ Date ____/____/____

Academic History (Premedical, Medical and Graduate Education) (Attach CV)

Institution	Location	Degree	Dates of Attendance
			/ / - / /
			/ / - / /
			/ / - / /
			/ / - / /
			/ / - / /

Previous Internship, Residency, and/or Fellowship Training

Hospital	Location	Program	Dates of Service
			/ / - / /
			/ / - / /
			/ / - / /
			/ / - / /
			/ / - / /

Research work: (if applicable) _____

Publications: (if any) attach separate sheet if necessary _____

Nature of Post-Graduate Work: (if applicable) _____

<u>USMLE</u> : Step1	Score _____	Year: _____	<u>CERTIFICATIONS</u> :	BLS: Exp. ____/____
Step 2CK	Score _____	Year: _____	ACLS: Exp. ____/____	PALS: Exp. ____/____
Step 2CS	Score _____	Year: _____	Other: _____	Exp. ____/____
Step 3	Score _____	Year: _____		

SPECIALTY BOARDS: Board _____ Year Certified _____ Exp. ____/____

Languages spoken (other than English): _____

The following faculty members, in addition to the Residency Program Director's letter, will send Letters of Recommendation:

- (1) _____

- (2) _____

- (3) _____

Signature _____ Date ____/____/____

Must be eligible for Illinois license to apply.

Application, CV, 3 letters of recommendation (*one of which must be from your Residency Program Director*), copies of current licenses, certifications and USMLE scores must be sent to our Residency and Fellowship Program Manager, Rush University Medical Center, 1653 W. Congress Parkway, Room 535 Jelke, Chicago, IL 60612.
Email: harold_s_hayes@rush.edu Phone: 312.942.5471