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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 General Surgical Pathology 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 2	Score _____	Year: _____	ACLS: Exp. ____/____	PALS: Exp. ____/____
Step 3	Score _____	Year: _____	Other: _____	Exp. ____/____

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) \_\_\_\_\_  
\_\_\_\_\_
- (4) \_\_\_\_\_  
\_\_\_\_\_

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: Irma J. Parker, Residency and Fellowship Program Manager, Rush University Medical Center, 1653 W. Congress Parkway, Room 535 Jelke, Chicago, IL 60612.  
Email: [Irma\\_parker@rush.edu](mailto:Irma_parker@rush.edu) Phone: 312.942.5471.