

PHOTO  
OPTIONAL

**APPLICATION FOR PATHOLOGY FELLOWSHIP**  
**UNIVERSITY OF COLORADO SCHOOL OF MEDICINE**  
Department of Pathology

12631 E. 17th Avenue, Mail Stop B216, Aurora, Colorado 80045

Full Name \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

Current Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Visa (if applicable) \_\_\_\_\_

Pre-Medical Education: Give names of schools, dates of attendance, degrees.

\_\_\_\_\_  
\_\_\_\_\_

Medical School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Internship Served: Give name of hospital, city, state and dates

\_\_\_\_\_  
\_\_\_\_\_

Residency or Fellowship Training: Give name of hospital, city, state and dates

\_\_\_\_\_  
\_\_\_\_\_

Board Eligible or Certified in (date) \_\_\_\_\_

Special Training: postgraduate work, research, or summer medical experience

\_\_\_\_\_  
\_\_\_\_\_

Licensed to Practice in Following States \_\_\_\_\_

Service in Armed Forces (briefly) \_\_\_\_\_

Publications \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Awards and Honors \_\_\_\_\_

Hobbies or Special Interests \_\_\_\_\_

Name and addresses of three persons (medical) whom you wish to use as references. (It is necessary that the applicant have supporting letters from these three individuals forwarded to this institution).

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Submit transcript of your medical college record (including class standing)

Date of desired appointment \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Present address \_\_\_\_\_

Social Security number \_\_\_\_\_

Telephone number (work) \_\_\_\_\_ (home) \_\_\_\_\_

Indicate the fellowship to which you are applying:

\_\_\_\_\_ Blood Banking/Transfusion Medicine

\_\_\_\_\_ Cytopathology

\_\_\_\_\_ Dermatopathology

\_\_\_\_\_ Forensic Pathology

\_\_\_\_\_ Hematopathology

\_\_\_\_\_ Pediatric Pathology

Please forward the following materials:

1. Completed application form
2. Medical school dean's letter
3. Medical school transcripts
4. Three letters of recommendation (may be sent separately)
5. Curriculum vitae
6. Personal statement
7. Copies USMLE scores

Send to:

**Patricia Braund**

Residency/Fellowship Programs Coordinator

University of Colorado School of Medicine

Department of Pathology

12631 E. 17th Avenue, Mail Stop B216

Aurora, Colorado 80045

Phone: 303-724-3483

FAX: 303-724-1105

**Patricia.Braund@ucdenver.edu**

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