



**MEDICAL GENETICS
UNIVERSITY OF WASHINGTON
Residency & Fellowship Application**

Return to:
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Optionally, provide a small passport-style photograph
 in this space.

I am applying for: <input type="checkbox"/> Residency in Clinical Medical Genetics (MD or DO) (Requires 2 years of ACGME approved residency training) <input type="checkbox"/> Fellowship in Clinical Molecular Genetics (MD, PhD, or equivalent) <input type="checkbox"/> Fellowship in Clinical Cytogenetics (MD, PhD, or equivalent) <input type="checkbox"/> Fellowship in Clinical Biochemical Genetics (MD, PhD, or equivalent)	Beginning (MO)(DAY)(YEAR)
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Name Last First Middle		Present Address	
Telephone (Home)	Telephone (Work)	Social Security Number	
E-mail address			
Permanent Home Address		Name and address of someone always able to contact you	
Birthdate	Place of birth	Citizenship	If non-citizen, date of entry into U.S.
MO / DY / YEAR			
If noncitizen, type of visa held (Exchange Visitor, Immigrant, etc.)			
Do you have any conditions that might impair your participation in the program? If so, please describe.			

EDUCATION:

College		From	To	Degree
		From	To	Degree
Medical School		From	To	Degree
	Address			
		From	To	Degree
	Address			

<p>If a graduate of a foreign medical school, have you obtained certification from the Educational Commission for Foreign Medical Graduates? Indicate exams passed: <input type="checkbox"/> ECFMG <input type="checkbox"/> Visa Qualifying Examination (VQE) <input type="checkbox"/> Foreign Medical Graduate Exam in the Medical Sciences <input type="checkbox"/> United States Medical Licensing Examination (USMLE steps 1-2-3)</p> <p>Please enclose notarized copies of your exam results and ECFMG certificate.</p>

Residency or Fellowship	Hospital	From	To	Field
		City and State		
	Hospital	From	To	Field
		City and State		
	Hospital	From	To	Field
		City and State		
Graduate School	University	From	To	Degree
	Field			

Membership in Honorary or Professional Societies, prizes, awards, fellowships, etc.

Other practice experience, other professional activities or other information you wish us to consider.

PROFESSIONAL GOALS AND CAREER PLANS (Omit if included in CV or personal statement).

PUBLICATIONS: If applicable, please list publications on a separate sheet.

TRANSCRIPT: Please request the registrar of your medical college to send a transcript directly to the address at the top of the first page.

REFERENCES: Please list four references, of whom one must be the dean of students at your school and three must be physicians who can render an evaluation of your professional and academic abilities. Please ask that your recommenders comment on academic and personal attributes such as judgment, industry, interpersonal relationships, capacity to assume responsibility, and professional ethics. Please have these recommendations sent directly to the address at the top of the first page, attention to Dr. Byers.

Dean of Students	Address
Other Recommenders	Address

I certify that to the best of my knowledge, the above information is accurate and correct.

Date _____ Signature _____