
FELLOWSHIP APPLICATION INSTRUCTIONS

APPLICATION CHECKLIST:

Application Form - included in Application Portfolio

We do not use the APC Standard Application Form.

Curriculum Vitae (CV)

Details your experience and training in the following areas:

1. Undergraduate, graduate, and professional education
2. Internships, residencies, fellowships and other professional work history
3. Honors, scholarships, grants and memberships
4. Research experiences and publications

Personal Statement (1 page)

Discuss your interest in this pathology subspecialty, your interest in our program and professional goals.

Medical School Diploma

This can be a copy but must include documentation that you actually graduated. IMG: this must be a copy of a certified English translation.

References (3)

One must be from current residency/fellowship director.

Summative Evaluation for Fellowship Candidate - included in Application Portfolio

In addition to a reference letter, your program director must complete this form.

USMLE Score Reports

You can send photocopies of your official report for all steps taken to date.

ECFMG Certificate (photocopy – IMG only)

HELPFUL INFORMATION

We receive hundreds of applications each year for our fellowship programs. We would like to help you expedite your application by giving you these suggestions.

- We are interested in applicants who are genuinely interested in pursuing a career in a fellowship subspecialty area. If you are interested in more than one fellowship, you need to submit separate applications with documents for each fellowship. If you are interested in consecutive fellowships, indicate that on each application.
- Processing paper slows down the time it takes to process your application and wastes precious resources. We strongly encourage you to submit your materials electronically. We do NOT require paper copies of electronic documents.
- IF YOU MUST SUBMIT PAPER DOCUMENTS - Please submit all documents on *plain white paper*. Please do not staple, paperclip or bind your application.
- Please follow the checklist of required documents listed above. We do NOT need any other documents such as transcripts, reprints, or Dean's letters.
- We **do need** the Summative Evaluation form completed by your current (or most recent) program director.
- We require three letters of recommendation – one must be from your current program director. It is not necessary to send more than three letters. We also prefer letters that address your specific qualifications and research potential for the fellowship program and not general letters of reference. Reference letters should be addressed as follows:

[Specific Name of the Fellowship Director], [Specific Name of the Fellowship Program]
c/o Michelle Rickard
UW Pathology Residency Program
1959 NE Pacific, Box 356100
Seattle, WA 98195-6100

ELECTRONIC REFERENCES ARE STRONGLY ENCOURAGED - PAPER COPIES ARE NOT REQUIRED

- Please include the candidate name and fellowship program in the subject line of reference letters. We have TEN fellowship programs and it can get very confusing when we have to try figure out mystery documents.
- You will be notified of the progress of your application periodically. When it is complete, you will be notified and your packet will be forwarded to the fellowship director for consideration.
- Our in-house deadline for applications is January 1 the year before a program begins. Applications for positions are accepted until the positions are filled. We strongly encourage you to submit by **February 1**. Please inquire about availability after this date. Filled positions are posted on our website.
- Interviews are typically booked between mid-January and mid-March.

FELLOWSHIP APPLICATION FORM

Fellowship Program	Year
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First Name	Middle Name	Last Name
Home Phone	Work Phone	Cell Phone
Email Address	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		
City	State	Zip

Are you licensed to practice medicine in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which state(s)?
Are you an International Medical Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select current status: <input type="checkbox"/> Permanent US Resident <input type="checkbox"/> Canadian Graduate <input type="checkbox"/> EAD <input type="checkbox"/> J-1 Visa <input type="checkbox"/> H1B Visa <input type="checkbox"/> Other Visa <input type="checkbox"/> Other Status

SUBMISSION INSTRUCTIONS: Save document as Adobe pdf file and attach to email sent to fellowship@pathology.washington.edu. Or print paper document, complete, scan and attach to email (or mail to address on Application Checklist). Thank you.

SUMMATIVE EVALUATION FOR FELLOWSHIP CANDIDATE

CANDIDATE NAME:	CANDIDATE'S CURRENT PROGRAM:
UW FELLOWSHIP PROGRAM:	BEGINNING YEAR:

1 = Significantly below average for the resident/fellow level of training 2 = Below average for the resident/fellow level of training 3 = Average for the resident/fellow level of training 4 = Above average for the resident/fellow level of training 5 = Significantly above average for the resident/fellow level of training Unknown/NA = Cannot evaluate or item not applicable	Enter the number corresponding to the trainee's performance in each area.
Professionalism 1. Demonstrates integrity and ethical behavior; Accepts responsibility and follows through on tasks. 2. Practices within the scope of his/her abilities. 3. Demonstrates care and concern for patients and their families regardless of age, gender, ethnicity or sexual orientation; Responds to each patient's unique characteristics and needs.	
Interpersonal & Communications Skills 4. Communicates effectively with patients and their families. 5. Communicates effectively with other healthcare professionals. 6. Works effectively with other members of the healthcare team.	
Medical Knowledge 7. Demonstrates basic science and up-to-date clinical knowledge. 8. Uses knowledge and analytical thinking to address clinical questions.	
Practice-based Learning & Improvement 9. Understands concepts of Quality Improvement and integrates these into practice. 10. Clinically evaluates scientific literature and applies to clinical practice. 11. Implements improvement activities. 12. Facilitates the learning of others	
Patient Care 13. Demonstrates comprehensive assessment and management. 14. Assesses problems and provides the ongoing management of patients. 15. Makes informed diagnostic and therapeutic decisions. 16. Responds appropriately to the emergency clinical problems. 17. Demonstrates procedural skills appropriate to level of training.	
Systems-based Practice 18. Provides cost-conscious, effective medical care. 19. Works to promote patient safety. 20. Coordinates care with other healthcare providers	
Comments:	
Number of months the trainee has completed to date:	

Program Director Name:	Date:
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