

UW HealthUniversity of Wisconsin
Hospital and Clinics**Application for
Graduate Medical Education**Program Surgical Pathology FellowshipLevel BeginningName _____
Last First Middle (Former)

Present Address _____

Permanent Address _____

Educational Experience

	Institution Name & City, State	Dates Attended From-To (Mo/Day/Yr)	Degree Received
Pre-Med			
Medical School			

Postgraduate Training

	Institution Name & City, State	Dates Attended From-To (Mo/Day/Yr)	Type of Program
Internship			
Residencies			
Other Experience			

Honors, Publications, etc. _____

National Board Exam Scores
Date/Score

Part I _____|_____

Part II _____|_____

Part III _____|_____

U.S. Medical Licensing Exam (USMLE)
Date/Score

Step 1 _____|_____

Step 2 _____|_____

Step 3 _____|_____

FLEX Exam
Date/Score

Component 1 _____|_____

Component 2 _____|_____

U.S. Social Security Number (optional) _____ Birth Date (optional) _____

Medical Licensure: Wisconsin # _____ Other State(s) _____

Have there been any claims for medical malpractice made against you or your insurance carrier? _____
If yes, please explain in full detail on a separate sheet.

Plans for Board Certification _____

Plans for Future (In the space below, indicate type of practice, specialty, research, academics, etc.)

References (In the space below, please list the **names and functions** of people who are expected to submit letters of reference.)

Letters should be mailed separately and indicate the program to which you are applying

_____ Dean of Medical School _____

Applicants waive their access to these letters of reference.

Graduates of Foreign Medical Schools

Please enclose photocopies of your ECFMG Certificate, and results of the FMGEMS Examination and English Competency Examination, if applicable. Please complete the following:

Type of Visa _____ FMGEMS Exam Results _____

ECFMG Cert. No. _____ English Exam Results _____

Signed _____ Date _____

Telephone Number (daytime) _____ (evening) _____

E-mail Address _____

Instructions

Send all material to: Residency Program Coordinator, Department of Pathology & Laboratory Medicine, B4/243 CSC- 2472, University of Wisconsin Hospital and Clinics, 600 Highland Ave., Madison, WI 53792. Please include a recent, small photograph of yourself (optional)

For *general information*, contact House Staff Affairs at (608) 263-0572.

For *specific program information*, please call (608) 262-7158