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|  | UNIVERSITY of PENNSYLVANIA MEDICAL CENTERDepartment of Pathology and Laboratory Medicine 3400 Spruce Street, Philadelphia, PA 19104-4283  **Fellowship Director: Emma E Furth, MD**  Director of Surgical Pathology Fellowship  6 Founders Pavilion | | |
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APPLICATION FOR SURGICAL PATHOLOGY FELLOWSHIP

**Year \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_**

***PLEASE NOTE: Application should be accompanied by copies of CV, USMLE/FLEX scores, and ECFMG certificate (if applicable).***

**NAME IN FULL: PRESENT TELEPHONE #:**

**PRESENT ADDRESS: BEEPER:**

**E-MAIL:**

**FAX:**

**SOCIAL SECURITY #: VISA STATUS:**

**ADDRESS AT MEDICAL SCHOOL:**

**TELEPHONE #**

**EMERGENCY CONTACT OTHER THAN SPOUSE (Name & Address):**

**TELEPHONE #:**

**MEDICAL SCHOOL:**

**GRADUATION DATE: DEGREE:**

**RESIDENCY TRAINING: DATES:**

**NAME OF PROGRAM DIRECTOR: TELEPHONE #:**

**ADDRESS:**

##### NATIONAL AND/OR STATE BOARD EXAMINATION (INCLUDE DATE TAKEN AND RESULTS):

**MEDICAL LICENSE INFORMATION:**

**STATE: PERMANENT/TEMPORARY: NUMBER:**

**FOLLOWING TRAINING IN SURGICAL PATHOLOGY, WHAT FUTURE PLANS DO YOU HAVE IN MEDICINE:** *(USE ADDITIONAL PAPER IF NECESSARY)*

**NAMES AND ADDRESSES OF THREE (3) REFERENCES:**

**(1) (2)**

**(3)**

**ARE YOU AVAILABLE TO COME AND INTERVIEW , IF REQUESTED?** *(Please circle one***) YES NO**

**SIGNATURE: DATE:**

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