

# Weill Cornell Medical College

## 2015-2016 Breast Pathology Fellowship Program

Dear Fellowship Applicant:

The Department of Pathology & Laboratory Medicine is pleased that you have an interest in applying to our Breast Pathology Fellowship program. Please have all your application materials submitted before the deadline of December 1<sup>st</sup>, 2013. Our office will contact those candidates that are selected to interview for the program, to arrange an interview date, which will take place during the months of December 2013 and January 2014. After all interviews are completed, the Department will make a final decision by February 2014, and notify all applicants of their status.

Sincerely,

Ms. Donna M. Galvin  
Department of Pathology & Laboratory Medicine Fellowship Coordinator

Your complete application should include:

- 1) Standardized CAP Application Form
- 2) Curriculum Vitae
- 3) Personal Statement
- 4) Three Letters of Recommendation (addressed to Dr. Sandra Shin - Chief, Breast Pathology)

All application materials can be emailed ([dmgalvin@med.cornell.edu](mailto:dmgalvin@med.cornell.edu)), faxed (212-746-8192) or mailed to the following:

Ms. Donna M. Galvin  
Weill Cornell Medical College  
Department of Pathology and Laboratory Medicine  
1300 York Avenue, C-302, Box 69  
New York, NY 10065

Please feel free to contact Ms. Galvin with any questions: 212-746-6464



# Standardized Application for Pathology Fellowships

Applicant Name		
<i>Last name</i>	<i>First</i>	<i>Middle</i>

Fellowship Type	
<b>This application is being made for a fellowship in (please check one):</b>	
<input type="checkbox"/> Blood banking/Transfusion medicine	<input type="checkbox"/> Breast pathology
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Cytopathology
<input type="checkbox"/> Dermatopathology	<input type="checkbox"/> Diagnostic immunology
<input type="checkbox"/> Forensic pathology	<input type="checkbox"/> Gastrointestinal pathology
<input type="checkbox"/> Genitourinary pathology	<input type="checkbox"/> Gynecologic pathology
<input type="checkbox"/> Hematopathology	<input type="checkbox"/> Medical microbiology
<input type="checkbox"/> Molecular genetic pathology	<input type="checkbox"/> Neuropathology
<input type="checkbox"/> Pathology informatics	<input type="checkbox"/> Pediatric pathology
<input type="checkbox"/> Pulmonary/Mediastinal pathology	<input type="checkbox"/> Renal pathology
<input type="checkbox"/> Soft tissue/Bone pathology	<input type="checkbox"/> Surgical/Oncologic pathology
<input type="checkbox"/> Other, please specify:	

**Please affix a recent passport-sized photo here.**

**If submitting electronically, include a recent passport-style photo in .JPG format with the application.**

<b>Training period for which applying:</b>	<i>Start date</i>	<i>Finish date</i>

Personal Data			
<b>Other names used:</b>			
<b>Present Address</b>			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
<b>Permanent Address</b>			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
<b>Telephone</b>			
<i>Home</i>	<i>Work</i>	<i>Mobile</i>	<i>Fax</i>
<b>E-mail:</b>			

Education				
(Mo/Yr)	(Mo/Yr)	(Undergraduate School)	(Major)	(Degree)
<b>to</b>				
(Mo/Yr)	(Mo/Yr)	(Graduate School, if applicable)		(Degree)
<b>to</b>				
(Mo/Yr)	(Mo/Yr)	(Medical School)		(Degree)
<b>to</b>				
(Mo/Yr)	(Mo/Yr)	(Residency)		(AP, CP, AP/CP, other)
<b>to</b>				
(Mo/Yr)	(Mo/Yr)	(Other GME, if applicable)		Area of training
<b>to</b>				
(Mo/Yr)	(Mo/Yr)	(Other GME, if applicable)		Area of training
<b>to</b>				

Other Experience	
<b>In chronological order, list other educational experiences, jobs, military service or training that is not accounted for above.</b>	
(Mo/Yr)	(Mo/Yr)
<b>to</b>	
(Mo/Yr)	(Mo/Yr)
<b>to</b>	
(Mo/Yr)	(Mo/Yr)
<b>to</b>	

National Boards							
<b>Please indicate national board examination dates and results received.</b>							
USMLE Step 1		USMLE Step 2				USMLE Step 3	
Date passed	Score (optional)	CK - Date passed	Score (optional)	CS - Date passed	Score (optional)	Date passed	Score (optional)
For graduates of international medical schools, are you ECFMG-certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date certified (Mo/Yr):							
COMLEX Level 1		COMLEX Level 2		COMLEX Level 3			
Date passed	Score (optional)	Date passed	Score (optional)	Date passed	Score (optional)		

Medical Licensure			
<b>Please list any states in which you hold a license to practice medicine. Please provide a license number. If an application is pending in a state, please write "pending."</b>			
(State)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
(State #2)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been reprimanded, or had your license suspended or revoked in any of these states?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	
Have you ever been named in (and/or had a judgment against you) in a medical malpractice legal suit?		<input type="checkbox"/> Yes (If so, please explain in an attached sheet.) <input type="checkbox"/> No	

Board Certification		
<b>Please indicate any areas of board certification.</b>		
Board	Area of Certification	Date of Certification
Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience		

Please list on attached application forms or include this information in your CV.

**Letters of Recommendation and/or References**

Please list the individuals who will write your letters of recommendation. At least three are required.

**Reference #1**

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

**Reference #2**

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

**Reference #3**

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

**Reference #4 (optional)**

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

**Signature (may omit if submitting electronically)**

I hereby certify that all of the information on this application is accurate, complete, and current to the best of my knowledge, and that this application is being made for serious consideration of training in the Pathology Fellowship indicated. I understand that accepting more than one fellowship position constitutes a violation of professional ethics and may result in the forfeiture of all positions.

<i>Signature</i>	<i>Date</i>
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**Honors and Awards *(if explicitly listed on CV, include highlights here with reference to location on CV)***

**Publications and Presentations** *(if explicitly listed on CV, include highlights here with reference to location on CV)*

**Memberships and Leadership/Research Experience** *(if explicitly listed on CV, include highlights here with reference to location on CV)*

### **Residents Forum Suggested Timeline for Application**

**Beginning one-and-a-half years before the proposed start of a fellowship for which the application is being made, the following timeline is recommended:**

**December 1** Deadline for receipt of the completed Residents Forum Standardized Application and all supporting documentation (letters of recommendation, etc.)

**March 1** Deadline for program to make offers to applicants

### **Application Packet Check-list**

✓ **Completed Standardized Fellowship Application Form with Signature**

✓ **Updated Curriculum Vitae (CV)**

✓ **Included cover letter and/or personal statement**

✓ **Checked with the fellowship director or coordinator whether there are other items that should be included**

✓ **Included photo**