

**University of Massachusetts Medical School/UMass Memorial Health Care
Three Biotech
One Innovation Drive
Worcester, Massachusetts 01605
(508) 793-6100**

**APPLICATION FOR APPOINTMENT IN
CYTOPATHOLOGY FELLOWSHIP PROGRAM**

Training to begin: _____

PERSONAL DATA:

Name in Full: _____

Present Address: _____ Day Tel: () _____

_____ Night Tel: () _____
City State Zip

U.S. Citizen: Yes___ No___ Email Address: _____

EDUCATION:

School Name/Location Major Field Degree Dates

Medical School: _____

RESIDENCY TRAINING:

Hospital Name/Location Program Dates

EXAMINATIONS:

U.S. Medical Licensing Examination (USMLE)

Date Taken Score

Step 1 _____
Step 2 _____
Step 3 _____

Foreign Medical Graduate Examination in Medical Sciences (FMGEMS)

Date Taken Score

Step 1 _____
Step 2 _____
Step 3 _____

Federation of State Medical Boards (FLEX)

	Date Taken	Score
Component I	_____	_____
Component II	_____	_____

ECFMG STATUS (If certificate issued before 7/1/98, CSA exam is not needed.)

ECFMG Number: _____
CSA Exam Date: _____ (If applicable)
Valid Until: _____
Date Issued: _____

VISA STATUS – If you are not a citizen of the U.S., please provide the following information:

Current Non-Immigrant (Temporary) Visa Type: _____ Sponsor: _____
or
Current Immigrant (Permanent) Status: _____
Expected Visa or Immigration Status at the time of appointment:

INTERVIEW:

When are you available for an interview? _____

CAREER GOALS (What are your career plans and preferences?):

REFERENCES: List three attending physicians who are familiar with your instructor and clinical performance and request that letters of reference be sent directly to the UMass Program Director.

	Name & Title	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____

Date of application: _____

PLEASE ENCLOSE CURRENT CURRICULUM VITAE WITH APPLICATION.

SIGNATURE: _____