



University of Minnesota, Minneapolis, MN

APPLICATION FOR SUBSPECIALTY FELLOWSHIP
LABORATORY MEDICINE AND PATHOLOGY

PLEASE TYPE OR PRINT

Name _____
(Last) (First) (Middle)

Present Address _____

Telephone (work) _____ (home) _____

Citizenship _____ Social Security Number (optional) _____

Applying for Subspecialty in _____ Start Date _____

EDUCATION:

Names of undergraduate, graduate,
medical schools:

Dates of Attendance

Degrees:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Residency or practice experience

Dates

Specialty

_____	_____	_____
_____	_____	_____

USMLE Scores:

Date Taken

Composite Score

Step I

Step II

Step III

Supplementary information for graduates of medical schools outside U.S.A. and Canada

Type of VISA: _____ Expiration Date: _____

(Note: A J1 visa sponsored by ECFMG will be required to enter the program)

Type of ECFMG examination (FMGEMS, National Board, etc.) _____

Part I Date taken _____ Score _____

Part II Date taken _____ Score _____

TOEFL/English Exam Date taken _____ Pass _____ Fail _____ Score _____

ALL APPLICANTS: PLEASE ATTACH A COPY OF ALL EXAMINATION SCORES.
FOREIGN GRADUATES SHOULD ALSO ATTACH A COPY OF THEIR ECFMG
CERTIFICATE.

Please indicate areas of pathology and/or research in which you have a special interest. Attach bibliography if applicable.

DO NOT INDICATE BELOW "SEE ATTACHED OR SEE C.V."

Signature: _____

Date: _____