

**MEDICAL COLLEGE OF GEORGIA AT AUGUSTA UNIVERSITY**

**DEPARTMENT OF PATHOLOGY**

**FELLOWSHIP APPLICATION**

**Required documentation (to be included with application):**

- **CAP Application**
- **Curriculum Vitae**
- **Recommendation Letters (minimum of 3)**
- **List of Publications (if applicable)**
- **Notarized Copy of Visa (if applicable)**

**MEDICAL COLLEGE OF GEORGIA at AUGUSTA UNIVERSITY  
DEPARTMENT OF PATHOLOGY  
FELLOWSHIP APPLICATION**

Applying for year: \_\_\_\_\_

\_\_\_\_\_ **Blood Bank Fellowship** \_\_\_\_\_ **Forensic Pathology Fellowship** \_\_\_\_\_ **Surgical Pathology Fellowship**  
(Georgia Bureau of Investigation – Atlanta, GA)

Date of Application: \_\_\_\_\_ Year of training completed: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street/Apt. #)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(Area Code/Number/Extension)

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**Citizenship:**

- \_\_\_\_\_ U.S. Citizen
- \_\_\_\_\_ Permanent Resident (green card)
- \_\_\_\_\_ Non-citizen National (e.g., Puerto Rico, Virgin Islands, Guam, or other US Protectorate)
- \_\_\_\_\_ J1 Visa holder
- \_\_\_\_\_ None of the above\*

\*If you indicated "none of the above," you are not eligible for a fellowship position

**Education:**

	School	Dates Attended	Degree Received
<b>Undergraduate</b>			
<b>Graduate</b>			
<b>Medical</b>			

Date of medical school graduation (Day/Month/Year): \_\_\_\_\_

**Post Graduate Training:**

	Hospital	Dates
<b>Internship</b>		
<b>Residency</b>		
<b>Fellowship</b>		

<b>Additional Postgraduate Education</b>		
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List any honors received during your pre-medical or medical education. Include societies, medical course honors, awards and scholarships:

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List any published clinical or research papers, by author, title, journal, volume, page, and year.

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Please indicate US Medical Licensing Examination (USMLE) numerical results (2-digit/3-digit):

Part 1: \_\_\_\_/\_\_\_\_ Part II: \_\_\_\_/\_\_\_\_ Part III: \_\_\_\_/\_\_\_\_ FLEX: \_\_\_\_

ECFMG certificate # (if applicable): \_\_\_\_\_ Valid through: \_\_\_\_\_

Have you ever been licensed in any state prior to date of this application? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide the following:

State(s)	Number(s)	Date

Has your license in any jurisdiction ever been limited, suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No

Are you now, or have you ever been, involved in any litigation, lawsuits, claims or arbitration related to your professional activities? \_\_\_\_ Yes \_\_\_\_ No

Have judgments or settlements been made against you in professional liability cases or are you involved in any pending litigation? \_\_\_\_ Yes \_\_\_\_ No

Have your privileges in any hospital ever been suspended, diminished, revoked or not renewed? \_\_\_\_ Yes \_\_\_\_ No

*If your answer is YES to any to the above questions, please include a statement of explanation with this application.*

**THE INFORMATION CONTAINED IN THIS APPLCIATION (AND THE ACCOMPANYING DOCUMENTS) IS ACCURATE TO THE BEST OF MY KNOWLEDGE:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Completed applications should be returned to:**

Augusta University, Department of Pathology  
 1120 15<sup>th</sup> Street, BF-103-B, Augusta, GA 30912  
 (706) 721-5118 phone/ (706) 721-2358 fax