



Duke Pathology

Duke University School of Medicine

Neuropathology Fellowship Application

Application Packet Check-list
Completed Duke Neuropathology Application Form with Signature (for not applicable categories please list N/A)
Updated Curriculum Vitae (CV) and current photo
Medical School transcript
Personal statement
ECFMG Certificate (if applicable)
Copies of USMLE scores (Step 1, Step 2 CK, Step 2 CS, Step 3)
Three letters of recommendation (including one from residency program director)

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

Please affix a recent passport-sized photo here. If submitting electronically, you can insert the photo here or submit it as a separate file.

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

Personal Data			
Other names used:			
Present Address			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
Permanent Address			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
Telephone			
<i>Home</i>	<i>Work</i>	<i>Mobile</i>	<i>Fax</i>
E-mail:			
Citizenship			
<i>Country of citizenship</i>		<i>Visa status</i>	



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

National Boards							
Please indicate national board examination dates and results received.							
USMLE Step 1		USMLE Step 2			USMLE Step 3		
Date passed	Score	CK - Date passed	Score	CS - Date passed		Date passed	Score
<i>For graduates of international medical schools, are you ECFMG-certified?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide certificate number and date granted.</i>							
ECFMG Certificate Number (if applicable)				Date ECFMG Certificate Granted MM-YYYY			
COMLEX Level 1		COMLEX Level 2		COMLEX Level 3			
Date passed	Score	Date passed	Score	Date passed	Score		

Medical Licensure			
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."			
(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 a separate 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		
Please indicate any areas of board certification.		
Board	Area of Certification	Date of Certification



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Letters of Recommendation and/or References

Please list the individuals who will write your letters of recommendation. Three are required, one from residency program director.

Reference #1 (residency program director)

<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>	

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 Duke Neuropathology Fellowship. 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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