

**UNIVERSITY OF WASHINGTON
PATHOLOGY RESIDENCY PROGRAM
FELLOWSHIP APPLICATION INSTRUCTIONS**

APPLICATION CHECKLIST:

Application Form

Curriculum Vitae (CV)

Details your experience and training in the following areas:

1. Undergraduate, graduate, and professional education
2. Internships, residencies, fellowships and other professional work history
3. Honors, scholarships, grants and memberships
4. Research experiences and publications

Personal Statement (1 page)

Discuss your interest in this pathology subspecialty, your interest in our program and professional goals.

References (3)

One must be from current residency/fellowship director.

Evaluation Record For a Transferring Resident or Fellow

This is a requirement from our GME Office and applies to ALL applications. It must be completed by current residency/fellowship director.

USMLE Score Reports

You can send photocopies of your official report for all steps taken to date.

ECFMG Certificate (photocopy – IMG only)

HELPFUL INFORMATION

We receive hundreds of applications each year for our fellowship programs. We would like to help you expedite your application by giving you these suggestions.

- We are interested in applicants who are genuinely interested in pursuing a career in a fellowship subspecialty area. If you are interested in more than one fellowship, you need to submit separate applications with documents for each fellowship. If you are interested in consecutive fellowships, indicate that on each application.
- Please follow the checklist of required documents listed above. We do NOT need any other documents such as transcripts, reprints, or Dean's letters.
- We **do need** the Evaluation for Transfer form completed by your current program director.
- We only require three letters of recommendation – one must be from your current program director. It is not necessary to send more than three letters. We also prefer letters that address your specific qualifications and research potential for the fellowship program and not general letters of reference. Letters of reference should be sent directly to:

[Specific Name of the Fellowship Director], [Specific Name of the Fellowship Program]
c/o Michelle Rickard
UW Pathology Residency Program
1959 NE Pacific, Box 356100
Seattle, WA 98195-6100

- Please include the candidate name and fellowship program in the subject line of reference letters. We have NINE fellowship programs and it can get very confusing and slows up processing when we have to try figure out the mystery documents.
- Please do not staple, paperclip or bind your application.
- Please submit all documents on plain white paper. The State of Washington has a stringent recycling program and it is difficult to recycle colored paper.
- You will be notified of the progress of your application periodically. When it is complete, you will be notified and your packet will be forwarded to the fellowship director for consideration.
- Our in-house deadline for applications is January 1 the year before a program begins. Applications for positions are accepted until the positions are filled. We strongly encourage you to submit by **February 1**. Please inquire about availability after this date. Filled positions are posted on our website.
- Interviews are typically booked between mid-January and mid-March.

**UNIVERSITY OF WASHINGTON
PATHOLOGY RESIDENCY PROGRAM
FELLOWSHIP APPLICATION FORM**

Fellowship Program	Year
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First Name	Middle Name	Last Name
Home Phone	Work Phone	Cell Phone
Email Address		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		
City	State	Zip

Are you licensed to practice medicine in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Which state(s)?	Are you an International Medical Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> Permanent US Resident <input type="checkbox"/> Canadian Graduate <input type="checkbox"/> J-1 Visa <input type="checkbox"/> H1B Visa <input type="checkbox"/> Other Visa <input type="checkbox"/> Other Status <input type="checkbox"/> No
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Return all materials to:	[Specific Name of Fellowship Director], [Specific Name of Fellowship Program] Michelle Rickard, Academic Programs Manager UW Pathology Residency Program 1959 NE Pacific, Box 356100 Seattle, WA 98195-6100 Phone: 206-598-4933 FAX: 206-598-7321 residency@pathology.washington.edu www.pathology.washington.edu/academics/residency/Fellowship.html
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You can scan and submit documents as email attachments to Ms. Rickard (address above). Please use the Adobe .pdf file format. We do not need to receive paper copies if you submit electronically.

EVALUATION RECORD FOR A TRANSFERRING RESIDENT OR INCOMING FELLOW
To be completed by current or most recent Residency/Fellowship Director.

This form is to be used as part of the documentation that accompanies a resident or fellow **applying to** or transferring at an advanced level into a University of Washington residency or fellowship program.

UW Fellowship Program	Fellowship Year
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Use the following scale to evaluate the demonstrated knowledge and skill of the resident or fellow:

- 1 = Significantly below average for the resident/fellow level of training
- 2 = Below average for the resident/fellow level of training
- 3 = Average for the resident/fellow level of training
- 4 = Above average for the resident/fellow level of training
- 5 = Significantly above average for the resident/fellow level of training
- Unknown/NA = Can not evaluate or item not applicable

	<i>Please circle the appropriate equivalent</i>					
CLINICAL JUDGMENT	1	2	3	4	5	Unknown/NA
MEDICAL KNOWLEDGE	1	2	3	4	5	Unknown/NA
PERFORMANCE ON STANDARDIZED TESTS	1	2	3	4	5	Unknown/NA
CLINICAL SKILLS						
History taking	1	2	3	4	5	Unknown/NA
Physical examination	1	2	3	4	5	Unknown/NA
Procedural skills /NA	1	2	3	4	5	Unknown/NA
PRESENTATION SKILLS						
Present/communicate complex issues	1	2	3	4	5	Unknown/NA
Poise/clarity of communication	1	2	3	4	5	Unknown/NA
TEACHING SKILLS						
Effectiveness with residents and staff	1	2	3	4	5	Unknown/NA
Effectiveness with medical students	1	2	3	4	5	Unknown/NA
PERSONAL SKILLS						
Interaction/communication with patients	1	2	3	4	5	Unknown/NA
Ability to work cooperatively with colleagues and subordinates	1	2	3	4	5	Unknown/NA
Professional conduct and ethical behavior	1	2	3	4	5	Unknown/NA

This individual has (or will have upon transfer) satisfactorily completed ____ months of training in this program.

ADDITIONAL COMMENTS (Type or Print)

Resident/Fellow Name

Evaluator Name

Program Name

Evaluator Title

Date

Evaluator Signature