PHOTO

The Leopold G. Koss, M.D. Division of Cytology

Department of Pathology
Montefiore Medical Center

The University Hospital for the Albert Einstein College of Medicine
APPLICATION FOR APPOINTMENT TO THE HOUSE STAFF
(See Instructions on Reverse Side)

Position: **CYTOPATHOLOGY FELLOWSHIP** Date: _____

Full Name: _____
(Last) (First) (Middle)

Present Address: _____ Tel: _____
Permanent Address: _____ Tel: _____
E-mail Address: _____
Emergency contact Name: _____ Tel: _____
Sex: ❑ Male ❑ Female Citizen of: _____
Place of Birth: _____ Date of Birth: _____
State Physical Disability, if any: _____

EDUCATIONAL:

Pre-Medical Education (College, Degrees & Dates): _____

_____

Medical Education (School, Degrees & Dates): _____

_____

Previous House Staff Experience:

A. Internship (Hospital & Dates): _____

_____

B. Residency (Hospital & Dates): _____

_____

C. Fellowships (Hospital & Dates): _____

D. Medical or Related Non-medical Experience, if any (Chemistry, Research Work, etc.):

_____

E. Previous application to the program? (Yes or No): _____

LICENSURE:

New York State License No: _____ ❑ Regular ❑ Temporary
Other License: _____

CERTIFICATION: (Check one and enter required information)

_____ Certification by National Board of Medical Examiners: Step 1, date passed: _____
Step 2, date passed: _____
Step 3, date passed: _____

_____ Standard E.C.F.M.G. Certificate Number: _____

_____ Temporary E.C.F.M.G. Certificate Number: _____

_____ Visa Qualifying Examination Number: _____

_____ Certification by American Specialty Board:
Board: _____ Date: _____

TYPE OF VISA (if not a U.S. Citizen) (Check one)

_____ Permanent Resident _____ Exchange Visitor (J)

_____ Student (F) _____ Refugee or Displaced person

_____ Other (Explain): _____

INSTRUCTIONS:

After completing this application blank in duplicate (with signed photograph attached on page 1, upper left corner), the applicant should request at least four letters in support of this application to be sent directly to the address below: Three letters from medical sponsors, and an additional letter should come from your current program director, certifying dates of training and addressing the six general competencies. Any prior postgraduate programs require letters from their respective program directors certifying dates of training and addressing the six general competencies.

The application forms and recommendation letters should be returned to:

Rema Rao, M.D.
Director, Cytopathology Fellowship Training Program
Department of Pathology
Montefiore Medical Center
111 East 210th Street
Bronx, New York 10467