

**University of Washington
Application for Residency in Pathology**

Date: _____ Year of Residency for which you are applying: R- _____ to begin: _____

Name: _____ Telephone: _____

E-mail: _____

Present _____ Home _____

Address: _____ Address: _____

Social Security Number: _____ Date of Birth: _____

Military Service and Present Status: _____

Track for which you are applying: AP/CP _____ AP only _____ CP only

Will you participate in the National Resident Matching Program? Yes _____ No

National Board or FLEX scores: _____

USMLE Step 1: Taken:	USMLE Step 2: Taken:	USMLE Step 3: Taken:
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Are you licensed to practice medicine? _____ If so, in which state(s)? _____

If a graduate of a foreign medical school, how do you qualify to practice medicine? (ECFMG certificate, etc.)

ECFMG Number: _____ Type of visa: _____ Visa Number: _____

PREMEDICAL EDUCATION

College and Location	Major Area of Study	Dates Attended	Degree and Year
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POST-GRADUATE EDUCATION (MEDICAL SCHOOL, GRADUATE SCHOOL)

INTERNSHIPS, RESIDENCIES, FELLOWSHIPS, OTHER WORK

Name of Hospital	Location	Specialty	Dates
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The University of Washington provides equal opportunity in education on the basis of race, color, national origin and sex in accordance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments and Sections 799A and 855 of the Public Health Service Act.

REFERENCES

Please ask the Dean's Office of your medical school to send a DEAN'S LETTER of reference and a TRANSCRIPT of your medical school record. A minimum of three letters of reference are required from faculty or professional staff of your medical school or hospitals where you have worked.

Name and Title	Type of Contact	Institution, City, State (Country)

Attach a current Curriculum Vitae which details your experience and training in the following areas:

- Undergraduate, Graduate and Professional Education
- Internships, Residencies, Fellowships and Other Professional Work History
- Honors, Scholarships, Grants, and Memberships
- Publications

Write a brief Personal Statement discussing your interest in pathology and your ultimate professional goals.

Send completed application to: Michelle Rickard
Coordinator, Pathology Residency Program
UWMC, Box 356100
1959 Pacific Aveune NE
Seattle, WA 98195-6100

YES answers to the following questions require written explanation on a separate sheet.

Positive answers to questions do not necessarily preclude acceptance.

Have you ever been involved in a malpractice lawsuit or claim (whether or not you were individually named as a defendant)?

_____ Yes _____ No

Has any entity made a determination regarding unprofessional conduct, incompetence, negligence, or unsafe practices?

_____ Yes _____ No

If you have been licensed to practice medicine, has any such license ever been denied, revoked, suspended or restricted?

_____ Yes _____ No

Have you ever been addicted to, or treated for addiction to a controlled substance, drug or chemical?

_____ Yes _____ No

Have you ever used a prescription drug, including a controlled substance, for other than therapeutic purposes?

_____ Yes _____ No

(Signature)

(Date)

PROFESSIONAL INTERESTS IN PATHOLOGY

If you have a subspecialty interest in either anatomic or clinical pathology, please rank your top 3 choices for us. This information will be very helpful in arranging an informative interview. If you have not yet developed a subspecialty interest, feel free to not check any category.

☐ Cardiovascular	☐ Cytogenetics	☐ Cytopathology
☐ Dermatopathology	☐ Molecular Diagnostics	☐ Forensic
☐ Gynecology	☐ Immunocytochemistry	☐ Gastrointestinal
☐ Neuropathology	☐ Pediatrics	☐ Pulmonary
☐ Renal Pathology	☐ Blood Banking	☐ Clinical Chemistry
☐ Coagulation	☐ Computer Applications	☐ Immunology
☐ Laboratory Management	☐ Hematology/Hematopathology	☐ Toxicology
☐ Microbiology/Parasitology	☐ Virology	☐ Other _____

List any specific individuals (faculty, fellows, residents) whom you would like to meet:

Have you had any supervised pathology experience in addition to the standard teaching curriculum?

Check	Types of Experience	Dates
☐	Post-Sophomore Fellowship Year	_____
☐	Elective in Anatomic or Clinical Pathology	_____
☐	Other - Specify: _____	_____

Please list any research projects on which you have worked (or attach your CV):

If you are considering a research fellowship, please check the relevant discipline below; or write in a specific area of interest.

☐ Environmental Pathology (Dr. Fausto) ☐ Molecular Genetics (Drs. Stam., Byers) ☐ DNA Repair in Cancer (Dr. Loeb) ☐ Biology of the Artery Wall (Dr. Ross) ☐ GI Cancer Project (Drs. Bronner, Haggitt) ☐ Prostate Cancer: Gene Discover (Dr. True) ☐ Gene Therapy (Drs. Miller, Kay) ☐ Virology (Drs. Corey, Gretch, Kiviat) ☐ Medical Microbiology (Dr. Fritsche) ☐ Cytogenetics (Drs. Disteché, Norwood, Swisshelm) ☐ Molecular Diagnostics (Drs. Bronner, Tait) ☐ Microbial Pathogenesis (Dr. Cookson)	☐ Genetics of Aging (Drs. Martin, Norwood) ☐ Vascular Biology (Dr. Schwartz) ☐ Alzheimer's Disease (Dr. Martin) ☐ Neurosciences (Multiple Faculty) ☐ Developmental Biology (Dr. Schwartz, Bowen-Pope) ☐ Tumor Biology & Hepatocarcinogenesis (Dr. Fausto) ☐ Hematopathology (Drs. Sabath, Detter) ☐ Clinical Chemistry (Dr. Fine) ☐ Transplant Pathology (Drs. Alpers, Bronner, Haggitt, Sale, Schmidt)
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Other:

If you are an applicant for the AP/CP program, please check the rotation on which you would like to begin.

☐ Anatomic Pathology	☐ Clinical Pathology	☐ No Preference
Career Plans: ☐ Academic Medicine ☐ Community Practice		