

THE UNIVERSITY OF CHICAGO

5841 South Maryland; MC 5067
Chicago, Illinois 60637-1470

SECTION
OF DERMATOLOGY

Office Phone: (773) 702-0549
Fax: (773) 702-8398



DERMATOPATHOLOGY FELLOWSHIP APPLICATION

STARTING DATE OF JULY 1, 2019 through JUNE 30, 2020

Photograph

Full Name _____

Present Address _____

City _____ State _____ Zip _____ Country _____

Telephones *Business* _____ *Home* _____ *Cell* _____

E-mail _____

Citizenship _____ Visa Status (if applicable) _____

Date of Birth _____ Birth Place _____

Permanent Address _____ Telephone _____

City _____ State _____ Zip _____ Country _____

Emergency Contact Name _____ Number _____

Premedical College _____ Dates _____

Major _____ Degree _____

Medical School _____ Start Date _____ Completion Date: _____ Degree _____

Residency: _____ Residency Specialty: _____

Start Date _____ Completion Date: _____

Honors and Awards _____

Graduate School (If Applicable) _____ Dates _____

Major _____ Degree _____

USMLE Results

Step I: Date _____ Score _____

Step II: Date _____ Score _____

Step III: Date _____ Score _____

Foreign Medical Graduates must submit a copy of their valid ECFMG certificate.

Circle as appropriate; add year anticipated or fulfilled:

US Board-Eligible in: AP AP/CP Derm Year _____

US Board-Certified in: AP AP/CP Derm Year _____

References

(Please ask references to send a letter of recommendation directly to Dr. Vesna Petronic-Rosic, Dermatopathology Fellowship Program Director, via e-mail or to the address listed below)

1) _____

2) _____

3) _____

Signature _____ Date _____

*Please return this completed application, a copy of your curriculum vitae, a one-page personal statement, three to four letters of recommendation and hard copies of your USMLE scores and/or ECFMG certificate to the address before by **November 1, 2017**:*

Michelle Rickard
Education Program Administrator
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