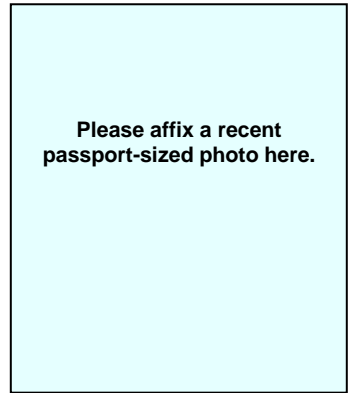


**University of South Florida, School of Medicine
 Department of Pathology & Cell Biology
 &
 H. Lee Moffitt Cancer Center & Research Institute
 Application for Oncologic Surgical Pathology Fellowship**

Fellowship Type	Starting Date: July,
This application is being made for a fellowship in:	Oncologic Surgical Pathology
_____ Oncologic Surgical Pathology	_____



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

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:			
Date of birth:		Place of birth:	
Citizenship:			
If not a U.S. citizen, type of Visa:			

Education				
(Mo/Yr)	(Mo/Yr)	(Undergraduate School)	(Major)	(Degree)
to				
(Mo/Yr)	(Mo/Yr)	(Graduate School, if applicable)		(Degree)
to				
(Mo/Yr)	(Mo/Yr)	(Medical School)		(Degree)
to				
(Mo/Yr)	(Mo/Yr)	(Residency)		(AP, CP, AP/CP, other)
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				

Other Experience	
In chronological order, list other educational experiences, jobs, military service or training that is not accounted for above.	
(Mo/Yr)	(Mo/Yr)
to	
(Mo/Yr)	(Mo/Yr)
to	
(Mo/Yr)	(Mo/Yr)
to	

National Boards							
Please indicate national board examination dates and results received.							
USMLE Step 1		USMLE Step 2				USMLE Step 3	
Date passed	Score (optional)	CK - Date passed	Score (optional)	CS - Date passed	Score (optional)	Date passed	Score (optional)
For graduates of international medical schools, are you ECFMG-certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date certified (Mo/Yr):							

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 an attached 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
Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience		
Please list on attached application forms or include this information in your CV.		

Letters of Recommendation and/or References

Please list the individuals who will write your letters of recommendation. At least three are required.

(Letters must be sent under separate cover)

Reference #1

<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>	

Reference #4 (optional)

<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>	

Have you ever been on probation? Yes No If yes, I Provide date & reason:

Signature

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 Pathology Fellowship indicated. 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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Honors and Awards *(if explicitly listed on CV, include highlights here with reference to location on CV)*

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Publications and Presentations *(if explicitly listed on CV, include highlights here with reference to location on CV)*

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Memberships and Leadership/Research Experience (if explicitly listed on CV, include highlights here with reference to location on CV)

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Application Packet Check-list

----- Completed Fellowship Application Form with Signature

----- Updated Curriculum Vitae (CV)

----- Included cover letter and/or personal statement

----- Have asked the recommendation letters to be send directly to the fellowship program

----- Copy of USMLE steps 1, 2, and 3

----- Copy of Medical School Grades

Please address the applications to:

**Ardeshir Hakam, MD, MBA
Professor & Director of Surgical Pathology
Director, Oncologic Surgical Pathology Fellowship
12902 Magnolia Drive Room 207o B
Tampa, FL 33612
Te: (813) 745-1874**