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**FELLOWSHIP APPLICATION  
DIVISION OF ANATOMICAL PATHOLOGY  
DEPARTMENT OF PATHOLOGY AT YALE-NEW HAVEN HOSPITAL**

I hereby apply for the \_\_\_\_\_ Fellowship for the year \_\_\_\_\_

Full name \_\_\_\_\_  
                            Last  First  Middle  
Social Security No. \_\_\_\_\_ Telephone No. \_\_\_\_\_  
email address \_\_\_\_\_  
Present address (preferred contact) \_\_\_\_\_ Permanent address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
Citizen of \_\_\_\_\_ If other than U.S., specify immigration status: \_\_\_\_\_  
Sex M  F

Colleges and Universities attended:	Years	Degrees
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical School	Name of school	Graduation date	Degree
_____	_____	_____	_____

Foreign Medical School Graduates: Must attach copy of valid ECFMG certificate.

Internship, Residencies and Fellowships:

Title and Service	Place	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you any medical or scientific publications? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please submit with this application a list of these including time and place of publication as part of the CV.

Military Status Commission: Army  Navy  USPHS  Active  Inactive  Discharged  None  Berry Plan   
Current rank or rank on discharge \_\_\_\_\_ If still active service, give probable date of discharge \_\_\_\_\_

Reference's Name	Position	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Checklist for application

- Application form / governmental report data (optional)
  - Updated CV and Letter of Interest
  - Medical School diploma/ECFMG if applicable
  - STEP 1, 2 & 3 scores
  - 3 LOR (emailed directly to me and/or program director, from your referee, signed and dated in pdf format)
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TO: Applicants

RE: FEDERAL AND STATE GOVERNMENT AFFIRMATIVE ACTION COMPLIANCE

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We would appreciate your assisting us in meeting the Federal Government reporting requirements by completing the attached form entitled "EEO GOVERNMENT REPORT DATA COLLECTION." The information is required for our Federal and State Affirmative Action reports.

The information provided will be kept separate from your application and will not be reviewed at any time during your candidacy. Your decision to provide, or not to provide, the requested information will not have any effect on your application for employment.

Thank you for your co-operation in this matter.

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**CLINICAL SERVICE: Pathology**  
**GOVERNMENT REPORT DATA COLLECTION**

THE INFORMATION REQUESTED IN THIS FORM IS REQUIRED FOR FEDERAL GOVERNMENT REGULATIONS. THE INFORMATION IS KEPT SEPARATE FROM EMPLOYMENT APPLICATIONS AND WILL NOT AFFECT YOUR CANDIDACY FOR EMPLOYMENT.

APPLICANTS FOR EMPLOYMENT

SOCIAL SECURITY NUMBER

- -

PLEASE PRINT

A	APPLICANT NAME	LAST	FIRST	M.I.
B	EEO RACE CODE (PLEASE CHECK BOX THAT DESIGNATES YOUR RACE)			
	1. <input type="checkbox"/> WHITE    2. <input type="checkbox"/> BLACK    3. <input type="checkbox"/> HISPANIC    4. <input type="checkbox"/> ASIAN    5. <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE			
C	SEX (PLEASE CHECK APPROPRIATE BOX)		M. <input type="checkbox"/>	F. <input type="checkbox"/> FEMALE
D	HANDICAP	Y. <input type="checkbox"/> YES N. <input type="checkbox"/> NO	DEFINITION: ANY PERSON WHO HAS A PHYSICAL OR MENTAL STATUS IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES, HAS A RECORD OF SUCH IMPAIRMENTS, (PLEASE CHECK APPROPRIATE BOX) OR IS REGARDED AS HAVING SUCH IMPAIRMENTS	
E	1. <input type="checkbox"/> VIETNAM ERA VETERAN:		IS A PERSON WHO SERVED ON ACTIVE DUTY FOR A PERIOD OF MORE THAN 180 DAYS, ANY PART OF WHICH OCCURRED BETWEEN 8/5/64-5/7/74, AND HAS ANY DISCHARGE OTHER THAN DISHONORABLE.	
	VETERAN STATUS:			
	2. <input type="checkbox"/> DISABLED VIETNAM VETERAN:		30% OR MORE V.A. CERTIFIED DISABILITY INCURRED OR AGGRAVATED ON DUTY BETWEEN 8/5/64-5/7/74	
	3. <input type="checkbox"/> DISABLED VETERAN:		30% OR MORE V.A. CERTIFIED DISABILITY INCURRED OR AGGRAVATED IN THE LINE OF DUTY BETORE 8/5/64, OR AFTER 5/7/74	
	(PLEASE CHECK APPROPRIATE BOX)			
F	ARE YOU OVER AGE FORTY (40), BUT UNDER THE AGE OF SEVENTY (70) ?    Y. <input type="checkbox"/> YES    N. <input type="checkbox"/> NO			
G	PLEASE STATE THE POSITION OR TYPE OF POSITION FOR WHICH YOU ARE APPLYING:			
H	WHAT SOURCE PROMPTED YOU TO APPLY? (E.G. EMPLOYEE REFERRAL, NEWSPAPER ADVERTISEMENT, STATE JOR SERVICE, NRMP, ETC.)			
	IF PRINTED ADVERTISEMENT, PLEASE GIVE NAME OF PUBLICATION: _____			
	IF EMPLOYEE REFERRAL, PLEASE GIVE PERSON'S NAME: _____			

IT IS THE POLICY OF YALE-NEW HAVEN HOSPITAL TO TREAT QUALIFIED HANDICAPPED INDIVIDUALS, DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA WITHOUT DISCRIMINATION AND TO FULFILL ITS COMMITMENT TO EQUAL EMPLOYMENT OPPORTUNITY AND THE PROVISIONS OF SECTION 503 OF THE REHABILITATION OF 1973 AND SECTION 402 OF THE VETERANS' READJUSTMENT ASSISTANCE ACT OF 1974. BOTH ACTS REQUIRE FEDERAL CONTRACTORS TO MAINTAIN AFFIRMATIVE ACTION PROGRAMS FOR APPLICANTS AND EMPLOYEES COVERED BY THESE ACTS. THEY ALSO REQUIRE THAT ALL APPLICANTS BE AFFORDED THE OPPORTUNITY TO VOLUNTARILY IDENTIFY THEMSELVES AS BEING HANDICAPPED INDIVIDUALS, DISABLED VETERANS AND/OR VETERANS OF THE VIETNAM ERA, IN ORDER THAT APPLICANTS AND/OR EMPLOYEES MAY DERIVE BENEFITS UNDER THEIR PROVISIONS.

- I HAVE READ THE ABOVE STATEMENT AND VOLUNTARILY PROVIDE THE REQUESTED INFORMATION TO BE USED FOR THE PURPOSE STATED
- I HAVE READ THE ABOVE STATEMENT AND DECLINE THE INVITATION TO PROVIDE THE REQUESTED INFORMATION.

DATE

SIGNATURE

I	TO BE COMPLETED BY RECRUITMENT AND STAFFING							
	EEO - 1 CODES				INTERVIEWED OR REVIEWED			
J	CATEGORY	K	GROUP	APPLICANT SOURCE CODE	L	INTERVIEWED	M	REVIEWED
	10		100	500 NRMP				