FELLOWSHIP APPLICATION
MOLECULAR GENETIC PATHOLOGY
DEPARTMENTS OF PATHOLOGY, LABORATORY MEDICINE, GENETICS, and SURGERY
YALE-NEW HAVEN HOSPITAL/YALE UNIVERSITY SCHOOL OF MEDICINE

I wish to apply for the Molecular Genetic Pathology Fellowship beginning July 1 of_____.
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: _____
Graduation date Degree

Internship, Residencies, and Fellowships:

Title and Service Place Dates

_____
_____
_____

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_____

Names of References: Position Address

_____
_____
_____
_____

Date Signature of Applicant

_____ _____

Checklist for application
- ❑ Application form (page one of this form)
- ❑ Government report data (optional, page 2-3 of this form)
- ❑ Current CV, including list of publications, if applicable
- ❑ Statement of interest in molecular genetic pathology
- ❑ Medical school diploma and ECFMG certificate, if applicable
- ❑ USMLE Step 1, 2, & 3 scores
- ❑ Three (3) letters of recommendation, emailed directly from the referees to program coordinator (path.education@mailman.yale.edu) and program director

TO: Applicants

RE: FEDERAL AND STATE GOVERNMENT AFFIRMATIVE ACTION COMPLIANCE

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 Sate 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.

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	LAST	FIRST	M.I.
	APPLICANT NAME		
B	EEO RACE CODE (PLEASE CHECK BOX THAT DESIGNATES YOUR RACE) 1. ☐ WHITE 2. ☐ BLACK 3. ☐ HISPANIC 4. ☐ ASIAN 5. ☐ AMERICAN INDIAN/ALASKAN NATIVE		
C	SEX (PLEASE CHECK APPROPRIATE BOX) M. ☐ F. ☐ FEMALE		
D	HANDICAP Y. ☐ YES N. ☐ NO IMPAIRMENTS, (PLEASE CHECK APPROPRIATE BOX)	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 OR IS REGARDED AS HAVING SUCH IMPAIRMENTS	
E	1. ☐ VIETNAM ERA VETERAN: VETERAN STATUS: 2. ☐ DISABLED VIETNAM VETERAN: 3. ☐ DISABLED VETERAN: (PLEASE CHECK APPROPRIATE BOX)	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. 30% OR MORE V.A. CERTIFIED DISABILITY INCURRED OR AGGRAVATED ON DUTY BETWEEN 8/5/64-5/7/74 30% OR MORE V.A. CERTIFIED DISABILITY INCURRED OR AGGRAVATED IN THE LINE OF DUTY BETORE 8/5/64, OR AFTER 5/7/74	
F	ARE YOU OVER AGE FORTY (40), BUT UNDER THE AGE OF SEVENTY (70) ? Y. ☐ YES N. ☐ 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				