

# YALE TRANSFUSION MEDICINE

## FELLOWSHIP APPLICATION

Year for which you are applying:  2025-2026  2026-2027  2027-2028  Other \_\_\_\_\_

Name/Degree(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Citizenship:  US  US Permanent Resident  
 Other (specify country, Visa type): \_\_\_\_\_

Program Track for which you are applying:

Clinical Track (one year)

Physician-Scientist Track (3-4 years) [available only to those meeting the requirements of an NIH NRSA award, see [http://grants2.nih.gov/training/nrsaguidelines/nrsa\\_III.htm](http://grants2.nih.gov/training/nrsaguidelines/nrsa_III.htm)]

Institution, degree and year awarded for:

Undergraduate degree: \_\_\_\_\_

MD degree: \_\_\_\_\_

PhD or other: \_\_\_\_\_

Residency (Institution, Type [e.g. AP, CP, AP/CP, Medicine-Heme], years):

\_\_\_\_\_

Fellowships (Type, Institution, years):

\_\_\_\_\_

Other Relevant Experience (if any):

\_\_\_\_\_

Please attach to this application: (1) a complete CV; (2) a brief statement of your career plans in Transfusion Medicine; (3) USMLE scores, if available. Please also arrange to have three letters of recommendation, at least one of which is from your current Chair or residency program director, sent to:

Christopher Tormey, MD  
Yale-New Haven Hospital  
Dept. of Laboratory Medicine  
20 York Street, PS 329D  
New Haven, CT 06511

Please list the three persons from whom letters are being requested:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_