

Forensic Pathology Fellowship Application



VCU HealthTM

VCU School of Medicine

Applying for Year(s): _____

Virginia Districts: **Rank in order of preference**

CENTRAL TIDEWATER WESTERN NORTHERN N/A
Richmond Norfolk Roanoke Manassas No Preference

Please attach a recent photo of yourself.

Approximately 2"x2"

Sign Back of Photo

Do you have preferred interview dates? _____

NAME

_____ *last* _____ *first* _____ *middle*

other names used: _____ **SSN** _____

Email _____

Citizenship _____ *if not U.S. - VISA Status*

Date of Birth _____ Place of Birth _____
Country City/County State/Providence etc.

CONTACT

Mailing Address: _____

Permanent Address _____

Home () _____ - _____ Mobile () _____ - _____ Work () _____ - _____

EDUCATION

Graduate Education

School	Dates Attended	Degree	Date Awarded

Medical Education

School	Dates Attended	Degree	Date Awarded

Post Graduate Training

School	Dates Attended
<i>Internship</i>	
<i>Residency</i>	<i>AP, CP, NP or combinations</i>
<i>Fellowship</i>	

Board Certifications

Board	Area of Certification	Date Awarded

Licensure/Certificates/Permits

State	Number	Date Awarded

Have you ever been reprimanded, had your license suspended or revoked YES NO

Have you ever been named in and/or had a judgement against you in a medical malpractice legal suit YES NO

Please address any YES with a short explanation _____

If you are a foreign medical graduate, are you ECFMG Certified? YES NO

INSTRUCTIONS FOR FILING AN APPLICATION

To have your application processed you need the following.

- 1 Personal Statement
- 2 Curriculum Vitae
Educational history including undergraduate
Presentations, Research, Publications (by authors, title, journal, volume page and year)
Work, Teaching, Community Service, Leadership, Rotations
Memberships, Honors, Awards, Recognitions
- 3 Completed Application Must have wet signature
- 4 USMLE / Comlex / NBME scores
An Official transcript from examination board to program, or from applicant
or A Certified copy notarized
- 5 ECFMG if applicable Valid original or official copy from board
A Certified copy notarized
- 6 Med School Diploma Official transcript or Notarized copy *with English translation*
- 7 Med School Transcript From school
- 8 3 Letters of recommendation
One from current Program Director
The others can be from within your current program or medical examiner office
Letters may be emailed, but must come from the writers email address.

All Notarized Documents Must Include: Notary Seal, name, signature, date and a statement from notary attesting to the copy being exact and from the original document

Mail to: Office of the Chief Medical Examiner
400 East Jackson St.
Richmond, VA 23219

Attn: Saundra Thomas
Fellowship Coordinator

signature

date