

# Forensic Pathology Fellowship Application



**VCU Health**<sup>TM</sup>

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

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**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 Electronic signature or  
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:** Joan Buchanan  
Fellowship Coordinator

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*