



**APPLICATION FOR FELLOWSHIP IN DERMATOPATHOLOGY**

Program year you wish to apply for: 2020-2022

**Demographic and Contact Information**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First)

Present Address: \_\_\_\_\_ Day Telephone #: \_\_\_\_\_  
Street  
\_\_\_\_\_ Evening Telephone #: \_\_\_\_\_  
City State Zip

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

Emergency Contact: \_\_\_\_\_  
Name Relationship to you

\_\_\_\_\_  
Street Address City State Zip Telephone

Citizenship: \_\_\_\_\_ If not a U.S. citizen, type of visa to be used during stay in USA:  
\_\_\_\_\_  
(Attach copy of visa or alien registration)

**Education**

Medical School: \_\_\_\_\_  
School Name/Location Degree Dates

**Residency and Fellowship Training**

\_\_\_\_\_  
Hospital Name/Location Program Dates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Examinations**

Board Eligibility/certification:

**AP** \_\_\_\_\_  
Year

**CP** \_\_\_\_\_  
Year

**Dermatology** \_\_\_\_\_  
Year

**References**

List three attending physicians who are familiar with your instructing and clinical performance. Each reference listed will need to provide a letter of recommendation.

Name & Title

Address

- 1.
- 2.
- 3.
- 4.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please mail your completed application form along with the following to the address listed below:**

- **Your current curriculum vitae**
- **Personal statement**
- **Minimum of three (3) letters of recommendation**
- **USMLE scores**

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