UW Medicine
LABORATORY MEDICINE & PATHOLOGY

FELLOWSHIP APPLICATION FORM

Fellowship Program	Start Date (MM/YY)

First Name	Middle Name	Last Name
Medical Education (Institution and Location)		
Current/Prior Training (Institution, Location and Training Type)		
Preferred Phone	**Emergency Contact Name**	**Emergency Contact Phone**
Email Address		**Gender Preference** ○ He, Him ○ She, Her ○ They, Them
Mailing Address		
City	**State**	**Zip**

Are you licensed to practice medicine in the United States?	Which state(s)?
☐ Yes ☐ No	
Are you an International Medical Graduate? ○ Yes ○ No **Citizenship:** ☐ US Citizen ☐ Other _____	**If Other, current visa status:** ○ Permanent US Resident ○ Pending Green Card Application ○ EAD ○ J-1 Visa ○ H1B Visa ☐ Other Visa _____ ☐ Other Status _____

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