

**Johns Hopkins University School of Medicine
Department of Pathology
Division of Hematopathology**

Fellowship Application Checklist

Please review this information in its entirety. Failure to follow these instructions may result in delays in review of your application.

Please submit this application and all supporting documents via email to hemepathfellowship@jh.edu.

Current application requirements:

1. A fully completed application form
2. Curriculum vitae (CV)
3. Personal statement of interest
4. Four (4) letters of recommendation (LoR)

PLEASE NOTE THAT ALL RECOMMENDATION LETTERS MUST BE SENT DIRECTLY TO THE ABOVE EMAIL ADDRESS BY THE PERSON/INSTITUTION PROVIDING THE RECOMMENDATION. Failure to do so will result in delays.

For International Candidates:

International medical graduates must also submit:

1. A copy of a valid Educational Commission for Foreign Medical Graduates (ECFMG) certificate
2. A copy of the current DS2019 or EAD card
3. Statement of visa status

Applicants must also be eligible for an ECFMG-sponsored J-1 visa.

Application for Postdoctoral Fellowship Training

General Instructions for Completion of this Application

* Each section must be **complete** and **legible** or your application will be deemed incomplete and returned to you. This pertains to any attachment you include with the application.

- < The verification process on your education, training, and experience will not begin until a completed application has been received.
- < Do not refer to an enclosed curriculum vitae in lieu of completing a section. A CV does not usually contain all the information needed (e.g., complete dates, addresses, names, etc).
- < If a section does not apply to you, write in N/A. Do not leave any block blank.

* **All chronology must be accounted for from the completion of your professional degree, to the present.** Gaps of one month or more will cause the verification process to be delayed until you provide an explanation. Delays can also be caused by incomplete names and addresses - - please provide complete information in all sections.

* If additional space is needed, attach additional pages (make reference to the question being answered) or, copy the blank application page as often as necessary to provide complete information. Keep these additional pages in sequence with corresponding application pages.

Policy Statement on Criminal Background Investigations

It is the policy of the Johns Hopkins University School of Medicine to require criminal background investigations on prospective students in any professional or graduate program at the School of Medicine, interns, residents and clinical fellows in any Graduate Medical Education program sponsored by Johns Hopkins, and other clinical and research postdoctoral fellows at the School of Medicine.

This offer is contingent upon a satisfactory report from your criminal background investigation, receipt of appropriate documentation verifying doctoral degree completion from the granting institution and review and approval of your credentials by the Office of Postdoctoral Programs.



Johns Hopkins University
School of Medicine
Edward D. Miller Research Building
733 North Broadway, Suite 147
Baltimore, Maryland 21205

APPLICATION FOR APPOINTMENT AS RESEARCH and CLINICAL FELLOW

Department/Division: _____ Begin Date: _____

Scientific Interest/Area of Research: _____

Instructions: Complete all sections (please print or type all responses). If a section does not pertain to you, mark as N/A (not applicable). Do not leave any section blank nor make reference to an attached CV.

1. Name: Last First Middle

2. Other Name Used: Last First Middle

3. United States Social Security Number:

4. Current / Local Address (include street, city, state, and zip):

5. Current / Local Telephone Number:

6. Permanent Address (include street, city, state, and zip):

7. E-mail Address:

8a. AAMC Number: _____

8b. NRMP Number _____

9. Citizenship: Are you a citizen of the United States: Yes ____ No ____ If no, complete the following:
 Citizenship _____ Visa Type _____
 Entrance Date into U.S. _____ Length of Stay Valid to _____

10. College(s) Attended (undergraduate education):

Name(s) of School : _____
 Mailing Address : _____
 Dates Attended (Start/End): _____ Degree(s) Conferred: _____

(Use continuation sheet, if necessary)

11. Professional Education or other doctoral program:

Name(s) of School : _____
 Mailing Address : _____
 Dates Attended (Start/End): _____ Degree(s) Conferred: _____

(Use continuation sheet, if necessary)

12. Have you ever been dismissed from a college, university or employment: No ____ Yes ____. If yes, please provide details: (Use continuation sheet if necessary)

Have any of your research activities been subject to disciplinary actions: No ____ Yes ____.

If yes, provide details (Use continuation sheet if necessary).

13 a. List any previous postdoctoral appointments since completion of doctoral degree, in chronological order:

Name(s) of School or Institution : _____
 Country : _____
 Dates Attended (Start/End): ____/____/____ to ____/____/____ Clinical: No ____ Yes ____
 Discipline: _____ If "other" discipline, specify: _____
 Name(s) of School or Institution : _____
 Country : _____
 Dates Attended (Start/End): ____/____/____ to ____/____/____ Clinical: No ____ Yes ____
 Discipline: _____ If "other" discipline, specify: _____

13 b. List any other employment/professional experience since the completion of doctoral degree, in chronological order:

Name(s) of Employer : _____
 Mailing Address : _____
 Dates Employed (Month/Years): _____ Position Title: _____
 Name(s) of Employer : _____
 Mailing Address : _____
 Dates Employed (Month/Years): _____ Position Title: _____

(Use continuation sheet, if necessary)

14. Please explain any gaps in training, appointments or employment since receipt of professional degree. **Any gap of one month or more must be explained.**

(Use continuation sheet, if necessary)

15. Awards and Honors Received:

16. Publications (attach list in lieu of listing here):

17. Languages Spoken:

18. Professional References: Names and addresses of individuals who have worked extensively with you or have been responsible for professional observation of you. Do not list: relatives by blood or marriage nor persons who cannot attest to your current level of professional competency and technical skills.

Name	Mailing Address	Day-time Telephone
_____	_____	_____
	_____	Email _____

_____	_____	_____
	_____	Email _____

_____	_____	_____
	_____	Email _____

_____	_____	_____
	_____	Email _____

Continuation Page: Use this page to document additional information. Please make reference to the number of the question being answered. Copy as necessary.

Statement of Applicant:

-- I fully understand that any significant misstatements in, or omissions from, this application may constitute cause for denial of appointment to or summary dismissal from, The Johns Hopkins University.

-- All information submitted by me in this application is true to the best of my knowledge and belief.

-- I authorize the University and its representatives to consult with institutions and their representatives and others, in regard to this application.

-- I release from liability the University, its representatives and agents for their actions or omissions performed in good faith and without malice in evaluating the application as well as those who provide information to the University in good faith and without malice, and I consent to the release of such information, including otherwise privileged or confidential information.

-- I consent to the release of information to other institutions and persons with a legitimate interest and agree to hold the University, its representatives and agents free of liability for their actions performed in good faith as a part of the credentialing process.

-- I understand that the information required herein is continuing in nature and I agree to provide any changes in the information provided; i.e., address, name, employment, professional appointment, etc. I agree to furnish, upon request, an update on any information provided in this application.

A copy of this Statement of Applicant may be used as original authorization to verify information in this application.

Date _____

Signature _____

Printed Name _____

The Johns Hopkins Institutions do not discriminate on the basis of race, color, gender, religion, age, national or ethnic origin, sexual orientation, disability, marital or veteran status, or any other occupationally irrelevant criteria.