



**STANFORD**

SCHOOL OF MEDICINE

*Stanford University Medical Center*

PLEASE ATTACH

PHOTO HERE

**STANFORD DERMATOPATHOLOGY**

Dept of Pathology, H2110, Stanford Medical Center, 300 Pasteur Drive,  
Stanford, CA 94305 | 650.723.6736

**STANFORD DERMATOPATHOLOGY FELLOWSHIP APPLICATION**

APPLICATION CHECKLIST

- 1) CV
- 2) Personal statement
- 3) Three letters of reference
- 4) Application

APPLICANT INFORMATION

CONTACT INFO

Last, First name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip/Postal code: \_\_\_\_\_

Email address: \_\_\_\_\_

Daytime/ evening phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Proposed dates of training (e.g. 2014-15): \_\_\_\_\_

MEDICAL EDUCATION & TRAINING

MEDICAL SCHOOL

School name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State/ Zip: \_\_\_\_\_

Dates attended (FROM/TO): \_\_\_\_\_

Degree: \_\_\_\_\_

FIRST POST-GRADUATE YEAR/ INTERNSHIP

Hospital name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State/ Zip: \_\_\_\_\_

Dates attended (FROM/TO): \_\_\_\_\_

Specialty: \_\_\_\_\_

RESIDENCY

Hospital name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State/ Zip: \_\_\_\_\_

Dates attended (FROM/TO): \_\_\_\_\_

Specialty: \_\_\_\_\_

Program Director: \_\_\_\_\_

ADDITIONAL HOSPITAL TRAINING

Hospital name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State/ Zip: \_\_\_\_\_

Dates attended (FROM/TO): \_\_\_\_\_

Specialty: \_\_\_\_\_

Director: \_\_\_\_\_

ACHIEVEMENTS/ HONORS,etc:

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**Application deadline is August 31<sup>st</sup>**

Applications should be mailed to the following address:

Stanford Dermatopathology Service

C/O Gloria Magpantay

Department of Pathology - H2110

Stanford Medical Center

300 Pasteur Drive

Stanford, CA 94305