



Jefferson Dermatopathology Fellowship Application Form

Eligibility Criteria: Eligible fellows must have completed an ACGME-accredited residency in Dermatology or Anatomic (and Clinical) Pathology.

Instructions: Type in the form below. Attach a recent passport-type photo as a separate file.

Email the completed application to: elizabeth.fleming2@jefferson.edu

Name (Last) (First) (Middle)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	
Date of Birth	Place of Birth (City, Country)	Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other	Visa Status (if applicable) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary: <input type="checkbox"/> J-1 <input type="checkbox"/> H-1	
Number of Dependents:				
ECFMG Number and Results:		Can you perform the essential functions of the fellowship with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain Below)		
If No, Please Explain:				

Present Address		Street	City	State	Zip
Phone Number	Email Address				
Emergency Contact: Name (Last) (First) (Middle)			Relationship		
Address		Street	City	State	Zip
Phone Number	Email Address				

Undergraduate Education: Name		Address	City	State	Zip
Dates Attended	Graduation Date	Degree			
Emergency Contact: Name (Last) (First) (Middle)			Relationship		
Graduate Education (if applicable): Name		Address	City	State	Zip
Dates Attended	Graduation Date	Degree			

Medical School: Name		Address	City	State	Zip
Dates Attended	Graduation Date	Degree			

Residency Training Program <input type="checkbox"/> Derm <input type="checkbox"/> Path		Address	City	State	Zip
Beginning Date	End Date				

Fellowship:		Address	City	State	Zip
Beginning Date	End Date				

USMLE Step I Score: Score:	Date	NBME Part I (if applicable) Score: Score:	Date	List Other Examinations:
USMLE Step II Score: Score:	Date	NBME Part II Score: Score:	Date	
USMLE Step III Score: Score:	Date	NBME Part III Score: Score:	Date	

Board Certification Specialty:	Date Certified	
Medical License Information NPI Number	DEA Number: Expiration Date:	Unrestricted License State(s): Expiration Date

Three letters of recommendation are required (authors should send the letters directly to the fellowship program)

1. Name & Title
Institution
2. Name & Title
Institution
3. Name & Title
Institution

- I hereby waive access to the above letters and will so inform the authors.
- I desire access to the above letters and will so inform the authors.

Additional Required Material:

- CV (email with application)
- Medical school transcripts*
- Dean's letter*
- Official score reports (USMLE, NBME, ECFMG, FLEX)*

* The institutions must send these items directly to the fellowship program.

Send to:

Jason B. Lee, MD
c/o Lizzy Fleming
833 Chestnut St, Suite 740
Philadelphia, PA 19107

I have read and I understand the instructions for the completion of this application.
I certify that the information submitted on this application is complete and correct to the best of my knowledge: I understand that any false or missing information may disqualify me for this position.

Time _____ Date _____

Print Name _____ Electronic Signature _____