# MEDICAL MICROBIOLOGY FELLOWSHIP APPLICATION Page 1 of 3 University of Utah / Academic Year 20\_\_\_ – 20\_\_\_



**Personal Information**

Full Name *(Please type or print)*

Present Address

City State Zip Country

Telephone Cell/Mobile *(optional)*

Email Address

Citizenship Visa Status *(if applicable)*

Permanent Address *(Include name of person through whom you can always be contacted.)*

City State Zip Country

**Professional Information**

* Attach current curriculum vitae, including education, degree(s), internships, residencies, etc.
* Foreign medical graduates must submit a copy of their valid ECFMG certificate.
* Please provide three (3) letters of recommendation.
* Please provide copies of board scores for USMLE step 1, 2, and 3. (ABP applicants only)

Medical License State Number

* Please provide the names and contact information for three (3) references.

1)

2)

3)

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 **Personal Statement**

 What are your goals/objectives for the fellowship training program?

 What professional plans do you have following training in Medical Microbiology? Attach one (1) additional page, if necessary.

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* Position for which you are applying (check only one):  ABP  ABMM

* Are you available to travel for an interview, if requested?  Yes  No

 Signature Date

*Mail/Email completed application and requested attachments to:*

Ashleigh Mckensie, Fellowship Coordinator

ARUP Laboratories

500 Chipeta Way, Salt Lake City, UT 84108

Phone: (801) 583-2787, ext. 3989

Email: ashleigh.mckensie@path.utah.edu

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