

Instructions for Completing the Application Form for the Advanced Adult Hematologic Malignancies and Blood and Marrow Transplant Fellowship

- PLEASE COPY AND SAVE THE APPLICATION FORM ON YOUR COMPUTER BEFORE COMPLETING IT.
- BEGIN TYPING IN THE FIRST SHADED BOX.
- USE THE **TAB KEY** (*NOT THE ENTER OR RETURN KEY*) TO MOVE TO THE NEXT SHADED BOX.
- YOU MAY ALSO USE THE **MOUSE** TO MOVE TO ANY SHADED BOX AT ANY POINT.
- USE THE MOUSE TO CLICK ON THE CHECK-BOXES.

Application Check List

- ☐ **Application Form for the Advanced Adult Hematologic Malignancies and Blood and Marrow Transplant Fellowship.** (Submit to Mari Collings at the address below. Please also email to mari.collings@ucsf.edu)
- ☐ **Two letters of recommendation. One should be from your Program Director.** (References must send the letters of recommendation directly to Mari Collings in a sealed envelope to the address below)
- ☐ **Curriculum Vitae with date of last edit.** (Submit to Mari Collings at the address below. Please also email to mari.collings@ucsf.edu).

Send materials to:

Mari Collings

Education Manager, Division of Hematology & Medical Oncology
University of California, San Francisco
1600 Divisadero Street, Room A708, Mailbox 1770
San Francisco, CA 94143-1770

Phone: 415-885-7276 | **Fax:** 415-514-5835

Email: mari.collings@ucsf.edu | **Website:** <http://hemonc.ucsf.edu/education/fellowships>

For Administrative Use Only: Dates Materials Received	
Initial Application: _____	Ref 1 _____
	Ref 2 _____
	Ref 3 _____
Undergraduate Transcript _____	
	Application Complete _____
Professional School Transcript _____	

Application Form

Advanced Adult Hematologic Malignancies and Blood and Marrow Transplant Fellowship

Current Information:

☐ Male ☐ Female

Last Name *First Name* *Middle Initial* *Gender (check)* *Date*

Home Address *City* *State* *Zip Code* *Telephone*

Number

Office Address *City* *State* *Zip Code*

Box # *Electronic Mail Address* *Office Telephone Number* *Ext.* *Fax Number*

Current Position/Title (e.g., Fellow) *Institution* *School (e.g., Pharmacy, Nursing, Dentistry)*

Department *Division (if applicable)* *Degree (e.g., MD)* *Country of Citizenship*

Ethnicity:

☐ American Indian/Native American ☐ African/Black ☐ Pacific Islander

☐ Asian ☐ Decline to state ☐ White/Caucasian

☐ Hispanic ☐ Other (please specify): _____

Education: *list all undergraduate, graduate, and professional schools attended in chronological order.*

1. _____

Institution *Location*

Dates of Attendance *Major* *Degree and Graduation Date*

2. _____

Institution *Location*

Dates of Attendance *Major* *Degree and Graduation Date*

3. _____

Institution *Location*

Dates of Attendance *Major* *Degree and Graduation Date*

4.	<i>Institution</i>		<i>Location</i>
	<hr/>		
	<i>Dates of Attendance</i>	<i>Major</i>	<i>Degree and Graduation Date</i>
5.	<i>Institution</i>		<i>Location</i>
	<hr/>		
	<i>Dates of Attendance</i>	<i>Major</i>	<i>Degree and Graduation Date</i>
	<hr/>		

Post Graduate Training: *include internships, residencies, fellowships, and other appointments.*

1.	<hr/>		
	<i>Position</i>	<i>Institution</i>	<i>School</i>
	<hr/>		
	<i>Department</i>	<i>Division</i>	
2.	<hr/>		
	<i>Position</i>	<i>Institution</i>	<i>School</i>
	<hr/>		
	<i>Department</i>	<i>Division</i>	
3.	<hr/>		
	<i>Position</i>	<i>Institution</i>	<i>School</i>
	<hr/>		
	<i>Department</i>	<i>Division</i>	
4.	<hr/>		
	<i>Position</i>	<i>Institution</i>	<i>School</i>
	<hr/>		
	<i>Department</i>	<i>Division</i>	

Academic Honors, Honorary Societies, and Awards:

<i>Date</i>	<i>Title</i>
<hr/>	
<i>Date</i>	<i>Title</i>
<hr/>	
<i>Date</i>	<i>Title</i>
<hr/>	
<i>Date</i>	<i>Title</i>
<hr/>	

Research Experience: *include major clinical and laboratory research experiences (full and part-time).*

1.	<hr/>	
	<i>Position</i>	<i>Institution</i>
	<hr/>	
	<i>Project Title</i>	<i>Dates</i>
	<hr/>	
2.	<hr/>	
	<i>Position</i>	<i>Institution</i>
	<hr/>	
	<i>Project Title</i>	<i>Dates</i>
	<hr/>	
3.	<hr/>	
	<i>Position</i>	<i>Institution</i>
	<hr/>	
	<i>Project Title</i>	<i>Dates</i>
	<hr/>	
4.	<hr/>	
	<i>Position</i>	<i>Institution</i>
	<hr/>	
	<i>Project Title</i>	<i>Dates</i>
	<hr/>	
5.	<hr/>	
	<i>Position</i>	<i>Institution</i>
	<hr/>	
	<i>Project Title</i>	<i>Dates</i>
	<hr/>	

Board Certification Status:

Are you ABIM Internal Medicine board certified? YES ☐ NO ☐ board certified - date: / /

Are you ABIM Hematology board eligible? YES ☐ NO ☐

If yes, please state your status: ☐ exam taken, awaiting report ☐ failed exam
☐ board certified - date: / /

Are you ABIM Medical Oncology board eligible? YES ☐ NO ☐

If yes, please state your status: ☐ exam taken, awaiting report ☐ failed exam
☐ board certified - date: / /

Please tell us your citizenship status:

U.S. Citizen

U.S. Permanent Resident

Foreign National Currently in the U.S. with Valid Visa Status please list :

Visa Type:

Country of Citizenship:

Publications:

Use the provided optional additional information page if publications exceed one page.

Personal Statement:

Please describe your reasons for interest in the program. Include your objectives, clinical and research interests and goals, and how acceptance into the program can help you accomplish these. Please limit your response to this page.

Optional Additional Information:

Please use the following space to tell us anything else you would like us to know about your background, experience, or objectives. Please limit to one page.

References:

List two individuals whom you have asked to send letters of reference. One should be the Director of your current training program (if you are a fellow), your Division Chief, Department Chairperson, or equivalent (if you are a faculty member). Please provide each reference with one of the enclosed recommendation forms.

1.

Name

Position/Title

Address

Address

2.

Name

Position/Title

Address

Address

Signature (please sign the hard-copy version of this application): _____

Date of Application: / /

In addition to this application form and two letters of references, please arrange to have official sealed transcripts from all undergraduate, graduate, and professional schools sent to the address below.

Please send all materials by mail to:

Mari Collings

Education Manager, Division of Hematology & Medical Oncology

University of California, San Francisco

1600 Divisadero Street, Room A708, Mailbox 1770

San Francisco, CA 94143-1770

Phone: 415-885-7276 | Fax: 415-514-5835

Email: mari.collings@ucsf.edu | Website: <http://hemonc.ucsf.edu/education/fellowships>

Please also send a copy of this application form, as an email attachment, to mari.collings@ucsf.edu

REFERENCE REPORT

Advanced Adult Hematologic Malignancies and Blood and Marrow Transplant Fellowship

This section is to be completed by the applicant.

Please type or print in ink.

Last Name of Applicant

First Name

Middle Initial

☐ *I waive the right to read this letter at a later time.*

☐ *I do not waive the right to read this letter.*

To the Reference

The above-named applicant for admission into the Advanced Adult Hematologic Malignancies and Blood and Marrow Transplant Fellowship at the University of California, San Francisco School of Medicine has identified you as one of his/her references. The completed reference form should be returned to:

Mari Collings
Education Manager, Division of Hematology & Medical Oncology
University of California, San Francisco
1600 Divisadero Street, Room A708, Mailbox 1770
San Francisco, CA 94143-1770

Phone: 415-885-7276 | Fax: 415-514-5835
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Please rate the applicant by circling the appropriate number that most nearly represents your opinion of the applicant in comparison with other individuals with the same training and experience.

	Unable to Judge/Not applicable	Poor	Fair	Good	Out-standing
Initiative	0	1	2	3	4
Demonstrated skill at research	0	1	2	3	4
Integrity	0	1	2	3	4
Clinical Judgment	0	1	2	3	4
Demonstrated originality	0	1	2	3	4
Creativity	0	1	2	3	4
Demonstrated productivity	0	1	2	3	4
Ability to communicate (written)	0	1	2	3	4
Ability to communicate (spoken)	0	1	2	3	4
Overall evaluation	0	1	2	3	4

In a separate letter, please elaborate on the applicant's performance as you indicated above. If possible, please describe specific examples that would illustrate your evaluation.

Name of reference

Signature of reference

Title

Institution

Telephone Number

REFERENCE REPORT

Advanced Adult Hematologic Malignancies and Blood and Marrow Transplant Fellowship

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Please type or print in ink.

Last Name of Applicant

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Initiative	0	1	2	3	4
Demonstrated skill at research	0	1	2	3	4
Integrity	0	1	2	3	4
Clinical Judgment	0	1	2	3	4
Demonstrated originality	0	1	2	3	4
Creativity	0	1	2	3	4
Demonstrated productivity	0	1	2	3	4
Ability to communicate (written)	0	1	2	3	4
Ability to communicate (spoken)	0	1	2	3	4
Overall evaluation	0	1	2	3	4

In a separate letter, please elaborate on the applicant's performance as you indicated above. If possible, please describe specific examples that would illustrate your evaluation.

Name of reference

Signature of reference

Title

Institution

Telephone Number