



## 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 Sophia Zimmermann by mail. Please also email to Sophia.Zimmermann@ucsf.edu)
- Two letters of recommendation. One should be from your Program Director.** (References must send the letters of recommendation directly to Sophia Zimmermann in a sealed envelope to the address below)
- Curriculum Vitae with date of last edit.** (Submit to Sophia Zimmermann at the address below. Please also email to Sophia.Zimmermann@ucsf.edu).

### Send materials to:

#### Sophia Zimmermann

Education Manager, Division of Hematology & Medical Oncology  
University of California, San Francisco  
505 Parnassus Avenue, Room M1286, Mailbox 1270  
San Francisco, CA 94143-1270

**Phone:** 415-885-7276

**Email:** sophia.zimmermann@ucsf.edu | **Website:** <https://ucsfhealthhemonc.ucsf.edu/non-acgme-fellowship>

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



4. *Institution* *Location*

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

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5. *Institution* *Location*

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

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

1. *Position* *Institution* *School*

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*Department* *Division*

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2. *Position* *Institution* *School*

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*Department* *Division*

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3. *Position* *Institution* *School*

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*Department* *Division*

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4. *Position* *Institution* *School*

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*Department* *Division*

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**Academic Honors, Honorary Societies, and Awards:**

*Date* *Title*

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*Date* *Title*

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*Date* *Title*

---

*Date* *Title*

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

1. \_\_\_\_\_  
*Position* *Institution*

\_\_\_\_\_ *Dates*  
*Project Title*

2. \_\_\_\_\_  
*Position* *Institution*

\_\_\_\_\_ *Dates*  
*Project Title*

3. \_\_\_\_\_  
*Position* *Institution*

\_\_\_\_\_ *Dates*  
*Project Title*

4. \_\_\_\_\_  
*Position* *Institution*

\_\_\_\_\_ *Dates*  
*Project Title*

5. \_\_\_\_\_  
*Position* *Institution*

\_\_\_\_\_ *Dates*  
*Project Title*

**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:*

Sophia Zimmermann  
Education Manager, Division of Hematology & Medical Oncology  
University of California, San Francisco  
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San Francisco, CA 94143-1270

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*Please also send a copy of this application form by email attachment to [sophia.zimmermann@ucsf.edu](mailto:sophia.zimmermann@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 addressed to Dr. Tom Martin, Program Director, and returned to:*

Sophia Zimmerman  
Education Manager, Division of Hematology & Medical Oncology  
University of California, San Francisco  
505 Parnassus Avenue, Room M1286, Mailbox 1270  
San Francisco, CA 94143-1270

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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*

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*Name of reference*

*Signature of reference*

*Title*

*Institution*

*Telephone Number*