



Cuyahoga County Medical Examiner's Office  
 Thomas P. Gilson, M.D., Medical Examiner  
 11001 Cedar Avenue  
 Cleveland, Ohio 44106



**APPLICATION FOR FELLOWSHIP IN FORENSIC PATHOLOGY**

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Last) (First) (Middle)

Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_ Birthplace: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Position or Year of Training Desired: \_\_\_\_\_ Effective Date of Appointment \_\_\_/\_\_\_/\_\_\_\_\_

I am a graduate of: \_\_\_\_\_ with degree of: \_\_\_\_\_ in \_\_\_\_\_  
 (Undergraduate).

I was graduated from: \_\_\_\_\_ School of Medicine  
 (Medical School).

on the \_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ receiving degree of \_\_\_\_\_

Since graduation I have served in the following hospital(s), [Specify: Internship, Residency and other Appointments & Show Dates],

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\*\*\*IF NOT A U.S. CITIZEN AND/OR, IF GRADUATED FROM A FOREIGN MEDICAL SCHOOL, PLEASE COMPLETE THE FOLLOWING (IF APPLICABLE)\*\*\*

Type of Visa: \_\_\_\_\_ Do you intend to apply for U.S. citizenship? \_\_\_\_\_

ECFMG Certificate Number: \_\_\_\_\_ Attach copy of certificate or interm certificate. (If Fifteh Pathway, attach copy of certificate).

If you are now in the U.S., give date and port of entry. \_\_\_\_\_

Space for Attaching  
Recent Passport  
Type Photograph

2 1/2" x 3"

Signed: \_\_\_\_\_

Permanent (Home) Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

