Saint Louis University Health Sciences Center Application for Training in the Department of Pathology for Post-Sophomore Fellow Position

NAME: _____
Last *First* *Middle*

ADDRESS: _____
Present (not the medical school's address)

_____
Permanent Address (if different from above)

_____ _____
Telephone Number *Daytime Telephone*

_____ _____
Date of Birth *Place of Birth*

_____ _____
Social Security Number *Citizenship*

_____
E-mail address

PREVIOUS EDUCATION AND TRAINING:

	Name & Location	From	To	Major & Degree
Colleges				
Medical School				

In making application for appointment to the pathology post-sophomore fellow program of Saint Louis University School of Medicine, I certify that the information contained on this application is true and correct. I fully understand that any significant misstatements in or omissions from this application constitute cause for summary dismissal.

_____ _____
Signature of Applicant ***Date***

Supplemental Information:

1. What are your hobbies?

2. What was your undergraduate major?

3. What medical school classes have you enjoyed the most?

4. What specialty are you considering after you complete medical school?

5. Have you been previously employed? ___ Yes ___No If yes, when, where, and what were your job duties?

6. Why are you interested in the Post-Sophomore Fellowship position?

Please also include your c.v. with application.

Send completed application to Jennifer Tooker, Pathology Dept., Schwitalla Hall Rm. 407, Jennifer.Tooker@ssmhealth.com