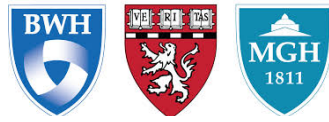


## HARVARD MEDICAL SCHOOL



### 2022 Dermatopathology Fellowship Application Instructions

Thank you for your interest in the **Harvard/Mass General Brigham Dermatopathology Fellowship Program**.

Below are the instructions and deadline for submitting your application packet for consideration to the Dermatopathology Fellowship.

All communications and documents should be sent through the dedicated Fellowship email address: [HMSdermpathfellowship@bwh.harvard.edu](mailto:HMSdermpathfellowship@bwh.harvard.edu)

All documents must be in PDF format; please make sure they are in portrait layout and there are no password protections on the forms.

#### **Documents required for complete applications are:**

- A. Harvard-BWH/MGH Fellowship Application (8 pages-signed by applicant with photo)
- B. Curriculum Vitae
- C. Personal Statement
- D. USMLE Scores
- E. \*Foreign Medical School-ECFMG Certificate
- F. Letters of Recommendation-\*\* SEE NOTE

**PLEASE ATTACH ALL DOCUMENTS IN ORDER ABOVE:  
A-D (\*E if needed) and send as one complete PDF.**

**\*\*F. Letters of Recommendation- THREE (3)-each emailed separately from referee/referee office as a PDF with your name in subject line to: [HMSdermpathfellowship@bwh.harvard.edu](mailto:HMSdermpathfellowship@bwh.harvard.edu)**

Completed application **Deadline: September 30, 2020**

Please *DO NOT* return this Cover Page or Fellowship Program page.

Many thanks,  
Elaine Garland, Program Coordinator  
George F. Murphy, M.D.  
Professor of Pathology  
Director, Dermatopathology Fellowship  
Chief, Program in Dermatopathology Brigham and Women's Hospital  
221 Longwood Avenue - EBRC 401  
Boston, MA 02115  
[hmsdermpathfellowship@bwh.harvard.edu](mailto:hmsdermpathfellowship@bwh.harvard.edu)

**HARVARD MEDICAL SCHOOL  
Brigham and Women's Hospital  
Massachusetts General Hospital**

*Dermatopathology  
Fellowship*

**Description:** The Harvard BWH/MGH Dermatopathology Program is a fully-approved one year fellowship program that combines the primary resources of two main Harvard Teaching Hospitals: The Brigham and Women's Hospital (BWH), and Massachusetts General Hospital (MGH). Fellows receive comprehensive training in all aspects of Dermatopathology and related aspects of precision medicine. Diverse and complementary opportunities in research are abundant.

**Requirements:** All applicants must have completed ACGME-accredited residency in Anatomic Pathology, Anatomic and Clinical Pathology, or Dermatology. Fellowship candidates must be graduates of approved medical schools in the United States or Canada. Graduates of foreign medical schools must have an ECFMG Certificate. Applicants must have completed a residency training program in either Pathology or Dermatology and be eligible for certification in either one to enter the program.

**Types and Numbers of Appointments:** Two (2) Dermatopathology Fellowship positions are available.

**Facilities:** BWH and MGH provide approximately 1,800 beds and over 150,000 surgical pathology specimens (of which approximately 30,000 are skin), in addition to consultation cases from affiliated and outside institutions and international specimens through the Partners in Health initiative. The dermatology clinics have a total yearly patient census of over 90,000. Research interests are diverse and include melanoma immunity, cancer epigenetics, stem cell biology, skin biomarkers, graft-versus-host disease, skin regeneration, and immunopathology of face transplantation. The Harvard Medical School and its 500,000-volume collection at the Countway Library is adjacent to BWH.

**Community:** Boston has many universities and cultural facilities. BWH is in the Longwood Medical area in the immediate environs of the Dana Farber Cancer Institute, the Harvard School of Public Health, and the Harvard Dental School, all within several blocks of the Museum of Fine Arts and the Isabella Stewart Gardner Museum. The Massachusetts General Hospital is approximately three miles away, situated at the foot of historic Beacon Hill on the Charles River and in the heart of historic Boston. All amenities of Boston are readily accessible by public transportation.

**Stipends:** Stipends ranged from \$75,000 to \$86,000 for PGY years 4-7 for 2020-2021 academic years.

**Dermatopathology Staff (complemented by numerous participating clinicians, subspecialists, and investigators):**

**BWH:** **George F. Murphy**, MD, Fellowship Program Director; **John Hanna**, MD, PhD; **Alvaro Laga**, MD, MMSc; **Christine G. Lian**, MD; **Martin C. Mihm, Jr.** MD, **MGH:** **Lyn M. Duncan**, MD, Institutional Director; **Ruth Foreman**, MD, PhD; **Mai P. Hoang**, MD; **Rosalyn M. Nazarian**, MD; **Kristine M. Cornejo**, MD.

**Applications:** Applications must be received by **September 30, 2020 via EMAIL for appointments beginning on July 01, 2022**. Program Address: Brigham and Women's Hospital, BWH Dermatopathology Program, c/o Elaine Garland, Program Coordinator, 221 Longwood Avenue, EBRC 401, Boston, Massachusetts 02115.

**Phone:** (617) 525-7484 • **Fax:** (617) 264-5149 • **E-mail:** [hmsdermpathfellowship@bwh.harvard.edu](mailto:hmsdermpathfellowship@bwh.harvard.edu)





**College of American Pathologists Residents Forum**

**Standardized Application for Pathology Fellowships**

Applicant Name		
Last name	First	Middle

Fellowship Type	
<b>This application is being made for a fellowship in (please check one):</b>	
<input type="checkbox"/> Blood banking/Transfusion medicine	<input type="checkbox"/> Breast pathology
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Cytopathology
<input type="checkbox"/> Dermatopathology	<input type="checkbox"/> Diagnostic immunology
<input type="checkbox"/> Forensic pathology	<input type="checkbox"/> Gastrointestinal pathology
<input type="checkbox"/> Genitourinary pathology	<input type="checkbox"/> Gynecologic pathology
<input type="checkbox"/> Hematopathology	<input type="checkbox"/> Medical microbiology
<input type="checkbox"/> Molecular genetic pathology	<input type="checkbox"/> Neuropathology
<input type="checkbox"/> Pathology informatics	<input type="checkbox"/> Pediatric pathology
<input type="checkbox"/> Pulmonary/Mediastinal pathology	<input type="checkbox"/> Renal pathology
<input type="checkbox"/> Soft tissue/Bone pathology	<input type="checkbox"/> Surgical/Oncologic pathology
<input type="checkbox"/> Other, please specify:	

**Please affix a recent passport-sized photo here.**

**If submitting electronically, include a recent passport-style photo in .JPG format with the application.**

<b>Training period for which applying:</b>	Start date	Finish date
--------------------------------------------	------------	-------------

Personal Data			
<b>Other names used:</b>			
<b>Present Address</b>			
Street	City	State	ZIP / Postal code
<b>Permanent Address</b>			
Street	City	State	ZIP / Postal code
<b>Telephone</b>			
Home	Work	Mobile	Fax
<b>E-mail:</b>			
<b>Date of birth:</b>		<b>Place of birth:</b>	

**What race do you self-identify as?**

**Citizenship:**

**Social Security Number:**

**If not a U.S. citizen, type of Visa:**

**Education**

(Mo/Yr) <b>to</b>	(Mo/Yr)	(Undergraduate School)	(Major)	(Degree)
(Mo/Yr) <b>to</b>	(Mo/Yr)	(Graduate School, if applicable)		(Degree)
(Mo/Dy/Yr) <b>to</b>	(Mo/Dy/Yr)	(Medical School)		(Degree)
(Mo/Yr) <b>to</b>	(Mo/Yr)	(Residency)		(AP, CP, AP/CP, other)
(Mo/Yr) <b>to</b>	(Mo/Yr)	(Other GME, if applicable)		Area of training
(Mo/Yr) <b>to</b>	(Mo/Yr)	(Other GME, if applicable)		Area of training

**Other Experience**

**In chronological order, list other educational experiences, jobs, military service or training that is not accounted for above.**

(Mo/Yr) <b>to</b>	(Mo/Yr)	
(Mo/Yr) <b>to</b>	(Mo/Yr)	
(Mo/Yr) <b>to</b>	(Mo/Yr)	

**National Boards**

**Please indicate national board examination dates and results received.**

USMLE Step 1		USMLE Step 2				USMLE Step 3	
Date passed	Score (optional)	CK - Date passed	Score (optional)	CS - Date passed	Score (optional)	Date passed	Score (optional)

*For graduates of international medical schools, are you ECFMG-certified?*  Yes  No *If yes, list date certified (Mo/Yr):*

COMLEX Level 1		COMLEX Level 2		COMLEX Level 3	
Date passed	Score (optional)	Date passed	Score (optional)	Date passed	Score (optional)

**Medical Licensure**

**Please list any states in which you hold a license to practice medicine. Please provide a license number. If an application is pending in a state, please write "pending."**

(State)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No
(State #2)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been reprimanded, or had your license suspended or revoked in any of these states?	<input type="checkbox"/> Yes <i>(If so, please explain in an attached sheet.)</i> <input type="checkbox"/> No
Have you ever been named in (and/or had a judgment against you) in a medical malpractice legal suit?	<input type="checkbox"/> Yes <i>(If so, please explain in an attached sheet.)</i> <input type="checkbox"/> No

Board Certification		
Please indicate any areas of board certification.		
<i>Board</i>	<i>Area of Certification</i>	<i>Date of Certification</i>
Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience		
Please list on attached application forms or include this information in your CV.		

Letters of Recommendation and/or References			
Please list the individuals who will write your letters of recommendation. At least three are required.			
Reference #1			
<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	
Reference #2			
<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

**Reference #3**

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

**Reference #4 (optional)**

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

**Signature (may omit if submitting electronically)**

I hereby certify that all of the information on this application is accurate, complete, and current to the best of my knowledge, and that this application is being made for serious consideration of training in the Pathology Fellowship indicated. I understand that accepting more than one fellowship position constitutes a violation of professional ethics and may result in the forfeiture of all positions.

<i>Signature</i>	<i>Date</i>
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**Honors and Awards** *(if explicitly listed on CV, include highlights here with reference to location on CV)*

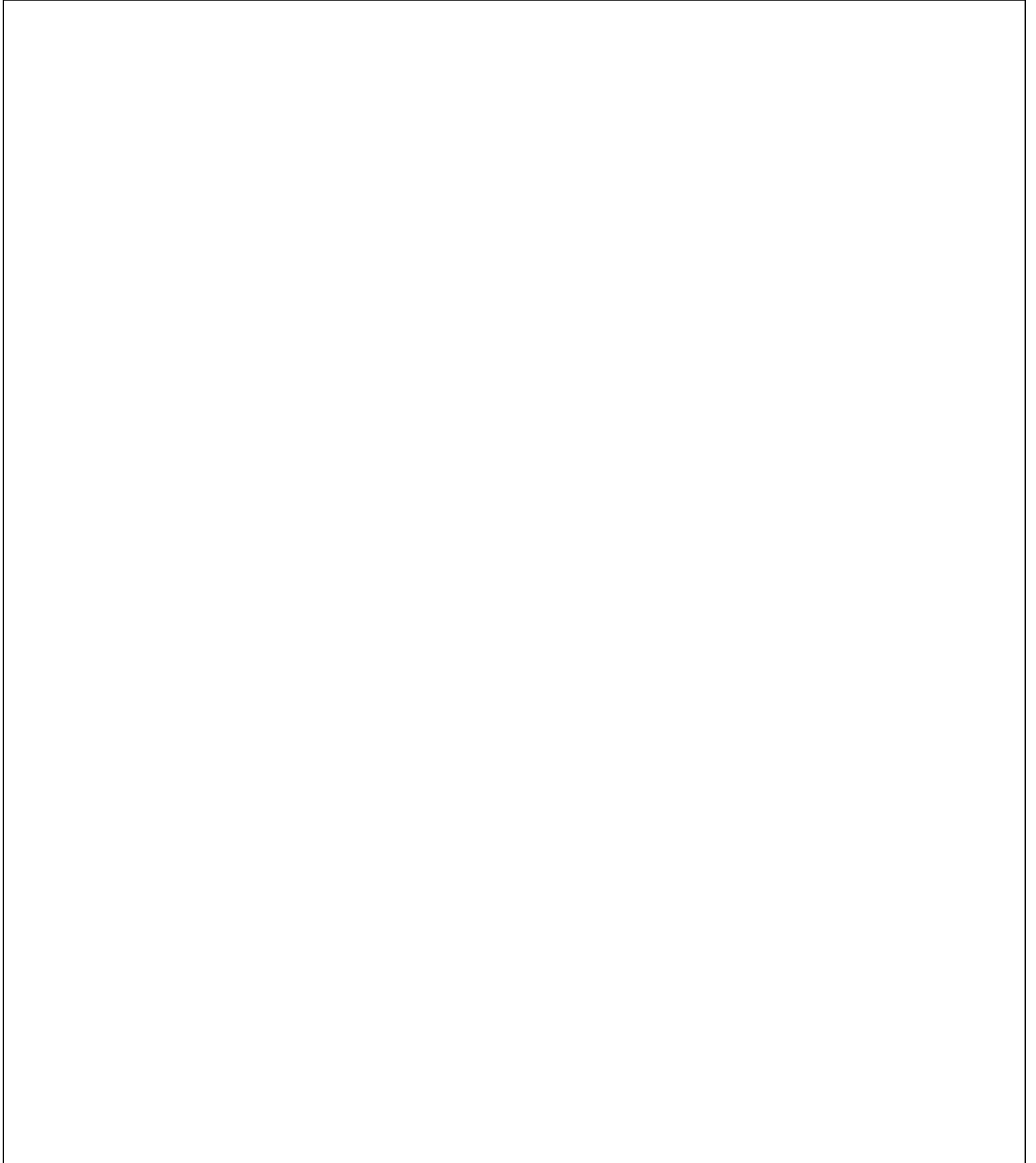




**Publications and Presentations** *(if explicitly listed on CV, include highlights here with reference to location on CV)*



**Memberships and Leadership/Research Experience** (*if explicitly listed on CV, include highlights here with reference to location on CV*)



### Residents Forum Suggested Timeline for Application

Beginning one-and-a-half years before the proposed start of a fellowship for which the application is being made, the following timeline is recommended:

- December 1** Deadline for receipt of the completed Residents Forum Standardized Application and all supporting documentation (letters of recommendation, etc.)
- March 1** Deadline for program to make offers to applicants

### Application Packet Check-list

- ✓ Completed Standardized Fellowship Application Form with Signature
- ✓ Updated Curriculum Vitae (CV)
- ✓ Included cover letter and/or personal statement
- ✓ 3 Letters of Reference
- ✓ USMLE's step 1, 2, 3
- ✓ ECFMG Certificate (if applicable)
- ✓ Checked with the fellowship director or coordinator whether there are other items that should be included
- ✓ Included photo