

Lucas County Coroner's Office & The University of Toledo Forensic Pathology Fellowship Application

Please attach CV and cover letter to this application

Applicant Name		
<i>Last name</i>	<i>First</i>	<i>Middle</i>

Training period for which applying:	<i>Start date</i>	<i>Finish date</i>
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Personal Data

Other names used:

Present Address

<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
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Permanent Address

<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
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Telephone

<i>Home</i>	<i>Work</i>	<i>Mobile</i>	<i>Fax</i>
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E-mail:

Citizenship

<i>Country of citizenship</i>	<i>Visa status</i>
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Education

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

Other Experience

In chronological order, list other educational experiences, jobs, military service or training that is not accounted for above.
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<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	
to		
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	
to		
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	
to		

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 (If so, please explain in an attached sheet.) <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 (If so, please explain in an attached sheet.) <input type="checkbox"/> No	

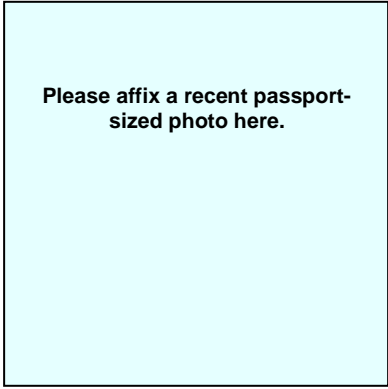
Board Certification		
Please indicate any areas of board certification.		
Board	Area of Certification	Date of Certification
Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience		
Please list on attached application forms or include this information in your CV.		

Letters of Recommendation and/or References			
Please list the individuals who will write your letters of recommendation. At least three are required.			
Reference #1			
Name		Title	
Institution			
Address	City	State	ZIP / Postal Code
Telephone		Email	
Reference #2			
Name		Title	
Institution			
Address	City	State	ZIP / Postal Code
Telephone		Email	
Reference #3			
Name		Title	
Institution			
Address	City	State	ZIP / Postal Code
Telephone		Email	

Reference #4 (optional)			
Name		Title	
Institution			
Address	City	State	ZIP / Postal Code
Telephone		Email	

Letters of Recommendation should be sent directly to:

Cynthia S. Beisser, M.D.
Forensic Fellowship Director
Lucas County Coroner's Office
2595 Arlington Ave.
Toledo, OH 43614



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.	
Signature	Date