



Department of Pathology

Medical Center Boulevard  
Winston-Salem, NC 27157



APPLICATION FOR:

1<sup>ST</sup> YEAR CATEGORICAL PROGRAM IN \_\_\_\_\_

CATEGORICAL DIVERSIFIED PROGRAM IN \_\_\_\_\_

FLEXIBLE PROGRAM IN \_\_\_\_\_ AND \_\_\_\_\_

OTHER (please specify) \_\_\_\_\_

PROPOSED BEGINNING DATE OF TRAINING: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
(Last) (First) (Middle)

PRESENT ADDRESS: \_\_\_\_\_  
(Street) (City, State) (ZIP)

PERMANENT ADDRESS: \_\_\_\_\_  
(Street) (City, State) (ZIP)

TELEPHONE (days): \_\_\_\_\_ (eves/weekends): \_\_\_\_\_  
(area code) (area code)

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

GOVERNMENT OBLIGATIONS (Public Health Service, etc.): \_\_\_\_\_

PREMEDICAL EDUCATION (List Colleges, Degrees, & Dates): \_\_\_\_\_

MEDICAL SCHOOLS & DATES: \_\_\_\_\_ ECFMG#: \_\_\_\_\_

ACHIEVEMENTS (Awards, Honorary Societies, etc.): \_\_\_\_\_

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POST GRADUATE EXPERIENCE (Internship, Residency, Fellowship, Clinical Practice, & Dates): \_\_\_\_\_

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DO YOU HAVE A FULL LICENCE TO PRACTICE MEDICINE? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give state(s): \_\_\_\_\_

FUTURE PLANS: TEACHING \_\_\_\_\_ PRIVATE PRACTICE \_\_\_\_\_ GENERALIST \_\_\_\_\_  
RESEARCH \_\_\_\_\_ SPECIALIST \_\_\_\_\_

FURTHER COMMENTS: \_\_\_\_\_

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Ask three (3) people and the Dean of your medical school to send recommendations to us, and list their names, addresses, and telephone numbers below:

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE:** Send applications and letters of recommendation to the department to which you are applying.\* If you have any questions, please contact that department or Graduate Medical Education Office, Wake Forest Baptist Medical Center. Be sure to mention the program to which you are applying.

*Send materials to Dr. Heng Hong; Department of Pathology, Wake Forest Baptist Medical Center, Medical Center Boulevard, Winston-Salem, NC 27157.*