



**Wake Forest University  
School of Medicine**

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Department of Pathology

Medical Center Boulevard  
Winston-Salem, NC 27157

**Application for Surgical Pathology Fellowship**

Anticipated Start Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present Address: \_\_\_\_\_  
(Street) (City, State) (ZIP)

Permanent Address: \_\_\_\_\_  
(Street) (City, State) (ZIP)

Telephone: \_\_\_\_\_  
(area code) (eves/weekends): (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.): \_\_\_\_\_  
\_\_\_\_\_

Post Graduate Experience (Internship, Residency, Fellowship, Clinical Practice, & Dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do You Have A Full License To Practice Medicine? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give state(s): \_\_\_\_\_

Future Plans: Teaching \_\_\_\_\_ Private Practice \_\_\_\_\_ Generalist \_\_\_\_\_  
RESEARCH \_\_\_\_\_ SPECIALIST \_\_\_\_\_

Further Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ask three (3) people to send letters of recommendations addressed to Dr. Haiyan Lu, Director of Surgical Pathology Fellowship. List their names, addresses, telephone numbers and/or email address below:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** The following documents are required upon application submission:

- ✓ Surgical Pathology Fellowship Application Form
- ✓ Current Curriculum Vitae
- ✓ Letter of intent / Personal statement (why do you want to do this fellowship)

Submit applications and required documents to Miranda Chiang ([mchiangb@wakehealth.edu](mailto:mchiangb@wakehealth.edu)).

Letters of recommendation are to be sent directly by the office of the referee providing the recommendation. Letters of recommendation may be emailed directly to [mchiangb@wakehealth.edu](mailto:mchiangb@wakehealth.edu) with the subject: Last name, First initial – Surgical Pathology Fellowship Application, or they can be mailed to the following address:

**Haiyan Lu, MD**  
ATTN: Surgical Pathology Fellowship  
Department of Pathology  
Wake Forest Baptist Medical Center  
Medical Center Boulevard  
Winston-Salem, NC 27157

If you have any questions, please contact the department or Graduate Medical Education Office, Wake Forest Baptist Medical Center. Be sure to mention the program to which you are applying.