

Stanford University School of Medicine, Department of Pathology 300 Pasteur Drive, Room L235, Stanford, CA 94305-5324

Dear Applicant,

Thank you for your interest in applying for the 2020-2021 Renal Pathology Fellowship at Stanford University School of Medicine. We are currently accepting applications for the Renal Pathology Fellowship Program for the period of July 1, 2020 through June 30, 2021.

Please note, the following documents are required upon application submission:

- ☑ Renal Pathology Fellowship Application Form
- ☑ Current Curriculum Vitae
- ☑ Letter of Intent (personal statement/why you want to do this fellowship)
- ☑ List of 3 References (provide degrees, titles, phone, address and email address)
- ☑ Three Letters of Recommendation addressed directly to: Dr. Neeraja Kambham, Director of Renal Pathology Fellowship program

Please submit application & required documents to: nkambham@stanford.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: nkambham@stanford.edu.

Interviews for the positions will be conducted beginning in July. We ask that you have all your application materials submitted to this office by June 30th, two years prior to start date. Incomplete application packets will not be considered.

The Renal Pathology Fellowship Program requires at least three year's prior training in anatomic and clinical pathology. Our program is a one-year fellowship (ACGME-accredited) that provides advanced, focused and intensive training in diagnostic renal pathology. The program includes specific rotations encompassing sign out of biopsy material (incorporating immunofluorescence immunohistochemistry and electron microscopy techniques), "junior" attending sign-out, Electron microscopy lab experience, Histocompatibility lab, research, and elective time. Elective time is designed to pursue additional subspecialty training in other solid organ transplant pathology, molecular pathology, or other areas depending on fellow interest and/ or career goals. Fellows participate in departmental and interdepartmental conferences, as well as medical student and resident teaching. Departmental resources and support are available for clinicopathologic and translational research projects.

Stipends depend upon the postdoctoral level of training and are set by Stanford Health Care.

Please be aware that the Medical Board of California requires all U.S. and Canadian graduates to be licensed in California before they begin their 25th month of approved post graduate training, if the training is in a California institution. This means that if selected you are required to obtain a California medical license before starting the fellowship program. You should allow at least nine months to complete the entire process of securing a California medical license. Please contact the licensing board to request an application. For non-U.S. and Canadian citizens and residents, the selected applicant will be required to obtain a J1 visa. H-1 visas are not sponsored. For more information on J1 visas, please go to: j1visa.state.gov.

Sincerely,

Dr. Neeraja Kambham, MD Stanford Medicine, Department of Pathology

http://med.stanford.edu/pathology/education/clinical-fellowships/renal-pathology-fellowship.html



Application for Renal Pathology Fellowship

Stanford University School of Medicine, Department of Pathology 300 Pasteur Drive, Room L235, Stanford, CA 94305-5324

Name:		
Last	First	Middle
Mailing address:	Street (no PO box please)	
City	State	Zip
Telephone:		
Secondary Email:	Date of Birth:	(mm/dd/\\\\\)
Gender: Male Female Decline		(1111)(00/ уууу)
We are legally required to collect certain statis Medicine. Any information you voluntarily pr used in selection decisions. Are you Hispanic or Latino of any race (a perso or other Spanish culture or orgin, regardless	rovide will be used only for report	ing purposes and will not be n, South or Central American
Are you a US citizen? 🛛 Yes 🖓 No		
If no, what is your country of citizenship:		
Do you have a green card? 🛛 Yes 🖓 No		
Do you have a US visa? 🖵 Yes 🛛 🗅 No		
If yes, what are the inclusive dates of validit	ty for your US visa:	to
When is your visa renewal date:	(mm/dd/yyyy)	(mm/dd/yyyy)
Name of medical school where you graduat		
Country:		
Mailing address:	Street (no PO box please)	
City Degree:	State Date conferred:	Zip
USMLE ID:		(mm/dd/yyyy)
ECFMG ID (required for international med scho		
ECFMG certification date:		
Anticipated years of training in an ACGME ac fellowship program:	ccredited programs prior to the st	art of this:

Postgraduate work:

List all postgraduate work including previous internships, residencies, and fellowships with dates and names of hospitals and schools. List all postgraduate medical courses taken.

Reasons for leaving internship, residency or fellowship prior to end of term:

Research Projects:

List all research projects completed or in-progress, published or not. List by Subject/Title, Principal Investigator & Publication.

REFERENCES:

Year of intended fellowship:

Name:		
Last Mailing address:	First	Middle
Mailing address	Street (no PO box please)	
City	State	Zip
Telephone:	Email:	
Degree:	Title:	
Name:	First	Middle
Mailing address:		Middle
	Street (no PO box please)	
City	State	Zip
Telephone:	Email:	
Degree:	Title:	
Name:		
Last Mailing address:		Middle
	Street (no PO box please)	
City Telephone:	State Email:	Zip
Degree:		
Please insert optional dig	gital (jpeg) photo here	
PLEASE SIGN AND DATE:		
Signature:	Date:	(mm/dd/yyyy)
· · · · · · · · · · · · · · · · · · ·		(mm/dd/yyyy)
It welcomes applications from women, r	nity, affirmative action employer, and is committed to in nembers of minority groups, protected veterans and in l dimensions to the university's research, teaching and	dividuals with disabilities, as well a