

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 Cytopathology Fellowship at Stanford University, School of Medicine.

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

- Cytopathology 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. Eric Yang, Director of Cytopathology

Please submit application & required documents to: [ericyang@stanford.edu](mailto:ericyang@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: [ericyang@stanford.edu](mailto:ericyang@stanford.edu) or, they can be mailed to the following address:

**Eric Yang, MD, PhD**

Associate Director of Cytopathology Fellowship  
Stanford University Medical Center  
Department of Pathology  
300 Pasteur Drive, Room L235  
Stanford, California 94305-5324

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

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](http://j1visa.state.gov)

**Sincerely,**

**Eric Yang, MD, PhD**

Clinical Assistant Professor of Pathology  
Associate Director, Cytopathology Fellowship Program

**Markell Stine**

Administrative Associate  
Tel: 650-497-6371 Email: [markell@stanford.edu](mailto:markell@stanford.edu)

Year of intended fellowship: \_\_\_\_\_

## Application for Cytopathology 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:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Secondary Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female  Decline to state  
(mm/dd/yyyy)

We are legally required to collect certain statistical data from individuals pursuing employment with Stanford Medicine. Any information you voluntarily provide will be used only for reporting purposes and will not be used in selection decisions.

Are you Hispanic or Latino of any race (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?  Yes  No  Decline to state

Are you a US citizen?  Yes  No

If no, what is your country of citizenship: \_\_\_\_\_

Do you have a US visa?  Yes  No

If yes, what are the inclusive dates of validity for your US visa: \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

When is your visa renewal date: \_\_\_\_\_  
(mm/dd/yyyy)

Name of medical school where you graduated: \_\_\_\_\_

Country: \_\_\_\_\_

**Mailing address:** \_\_\_\_\_  
Street (no PO box please)

\_\_\_\_\_  
City State Zip

**Degree:** \_\_\_\_\_ **Date conferred:** \_\_\_\_\_  
(mm/dd/yyyy)

**USMLE ID:** \_\_\_\_\_

**ECFMG ID** (required for international med school): \_\_\_\_\_

**ECFMG certification date:** \_\_\_\_\_  
(mm/dd/yyyy)

**Years of training in an ACGME accredited program prior to July 1, 2020:** \_\_\_\_\_

Year of intended fellowship:

**Non-medical degree(s) (list degree, university & years):**

**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 First Middle

Mailing address: \_\_\_\_\_  
Street (no PO box please)

\_\_\_\_\_ City State Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Mailing address: \_\_\_\_\_  
Street (no PO box please)

\_\_\_\_\_ City State Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Mailing address: \_\_\_\_\_  
Street (no PO box please)

\_\_\_\_\_ City State Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree: \_\_\_\_\_ Title: \_\_\_\_\_

Please staple or insert (digital) optional 2X2 inch photo here



**PLEASE SIGN AND DATE:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(mm/dd/yyyy)

*Stanford University is an equal opportunity, affirmative action employer, and is committed to increasing the diversity of its trainees. It welcomes applications from women, members of minority groups, protected veterans and individuals with disabilities, as well as from others who would bring additional dimensions to the university's research, teaching and clinical missions.*