**APPLICATION FOR MEDICAL MICROBIOLOGY FELLOWSHIP**

Yale University School of Medicine / Yale-New Haven Hospital
Department of Laboratory Medicine
P.O. Box 208035, CB 612
New Haven, CT 06520-8035
Phone (203) 688-2457 / Fax (203) 688-5736

Name (Last, First, Middle) | Current Mailing Address and Zip Code

Social Security # | Date of Birth ( / / ) | Sex | Married (Y or N) | No. of Children

**IMPORTANT – Contact Information**

E-mail address | Home phone ( ) | Work phone ( ) | Pager ( )

Ethnic Origin (please check one):

- American Indian or Alaskan Native ☐
- Asian or Pacific Islander ☐
- Black, non-Hispanic ☐
- Hispanic ☐
- White, non-Hispanic ☐

Birthplace (City, Country)

Country of Citizenship

If foreign citizen and have visa, write type

Current Position and name of Chief of Service or Supervisor

Proposed training start date | No. planned years of Fellowship

**List preceptors of potential interest to you in our program:**

1. 2. 3.

| *College or University, Location* | *Major Field of Study* | *Degree, if any* | *Mo./Year* |
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*Post-Graduate Medical Internship/Residency Training:*

| Hospital and Location | Position (Intern, Resident) | Type of Service (Medicine) | Appointment Dates (inclusive) |
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*Other Post-Graduate Medical Training:*

| Position Title | Location | Date(s) | Program Director |
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*U.S. Military or Public Health Service:*

| Dates | Location | Service |
|---|---|---|
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**Include CV and a Personal Statement and send to attn of Dr. Sheldon Campbell, Program Director, at above address or fax to 203-688-5736. Ask 3 or more people to mail letters of recommendation to Dr. Campbell.**