

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.

### Graduate Medical Education Residency and Subspecialty Training Application

**Instructions:** Before you begin, you may want to review a statement about [privacy](#). After you fill out the application form below, press the [Submit] button to save your data and complete the application process. Your application information will be sent to [afilie@mail.nih.gov](mailto:afilie@mail.nih.gov) for consideration. You will receive a confirmation by e-mail. In addition to completing this form, please arrange to have letters of recommendation sent from three references who have direct knowledge of your scientific interests, abilities, and accomplishments. Be sure to enter their names and contact information in the spaces provided below and ask them to forward their written recommendations to the address listed in the announcement for this opening.

#### Cytopathology

#### Personal Information

Name : Dr.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Middle Name	Last Name
E-mail :	<input type="text"/>		Format : user@server.com
	To obtain a free e-mail address, <a href="#">Click Here</a>		
Permanent Address :	<input type="text"/>		
City :	<input type="text"/>		
State:	<input type="text"/>		
Permanent Zip/Postal Code :	<input type="text"/>		
Citizenship Status:	Select... <input type="button" value="v"/>		
<b>If US Permanent Resident</b>			
	<input type="text"/>	<input type="text"/>	
	Country of Citizenship	Alien Registration Number	
Phone Number :	<input type="text"/>	Format : (999) 999-9999	
Fax Number :	<input type="text"/>		

#### 2. Qualifying Information

##### Cover Letter (max 4,000 characters)

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Cover Letter (max 4,000 characters)

Curriculum Vitae (max 15,000 characters)

Please include the following data in your CV: USMLE scores, if available, A copy of your ECFMG certificate (if applicable), Medical License, State, Number, expiration date Board Certification (AP, AP/CP, year), Other certification

Publications

(max 1,000 characters)

Statement of Research Interests and Goals

(max 2,000 characters)

## 3. References

Please Supply the name and Contact Information for three Professional References

Name :     
Mr.  First Name Middle Name Last Name  
Address :   
Phone :  Format : (999) 999-9999  
Email :  Format : user@server.com

Name :     
Mr.  First Name Middle Name Last Name  
Address :   
Phone :  Format : (999) 999-9999  
Email :  Format : user@server.com

Name :     
Mr.  First Name Middle Name Last Name  
Address :   
Phone :  Format : (999) 999-9999  
Email :  Format : user@server.com

Submit