

GYNECOLOGIC ONCOLOGY FELLOWSHIP APPLICATION
DEPARTMENT OF OBSTETRICS & GYNECOLOGY
COLUMBIA UNIVERSITY, COLLEGE OF PHYSICIANS AND SURGEONS
WEILL CORNELL MEDICAL COLLEGE

NAME: _____

SOCIAL SECURITY NO.: _____ TELEPHONE NO(S): _____ / _____

Last

First

Middle

Work

Home

E-MAIL: _____

PRESENT ADDRESS: _____

ADDRESS WHERE CORRESPONDENCE SHOULD BE SENT: _____

MEDICAL SCHOOL: _____

RESIDENCIES AND FELLOWSHIPS:

SERVICE

INSTITUTION

DATE(S)

INSTITUTIONS ATTENDED: _____

DATE AND DEGREE(S): _____

LICENSE NO: _____

STATE: _____

NATIONAL BOARD SCORES:

CREGO SCORES (COMPOSITE)**

PART I _____

POST GRAD. YEAR II: _____

PART II _____

POST GRAD. YEAR III: _____

PART III _____

POST GRAD. YEAR IV: _____

FLEX NUMBER: _____

DATE: _____

DATE: _____ SIGNATURE OF APPLICANT: _____

Instructions: Along with completed application enclose 1) curriculum vitae 2) personal statement 3) at least two letters of recommendation and 4) passport size photograph. All correspondence should be sent to:

Thomas J. Herzog, MD
Director, Gynecologic Oncology Fellowship
Department of Obstetrics & Gynecology
Columbia University
161 Fort Washington Avenue, H.I.P. 8-838
New York, NY 10032

APPLICATION DUE: July 15th