



Cuyahoga County
Together We Thrive



Cuyahoga County
Medical Examiner's Office
Thomas P. Gilson, M.D., Medical Examiner
11001 Cedar Avenue, Cleveland, Ohio 44106
www.cuyahogacounty.gov

APPLICATION FOR FELLOWSHIP IN FORENSIC PATHOLOGY

Disclaimer: Beginning in 2023, our Forensic Pathology Fellowship Program will be participating in the National Resident Matching Program (NRMP). Applicants will need to register with the NRMP in order to apply/rank our program for the match.
Please use NRMP program code 2360310F0 to rank us.

DATE							
	M	M	D	D	Y	Y	Y

Name						Social Security Number	
	Last	First	Middle				

Date of Birth								Birthplace		Country of Citizenship	
	M	M	D	D	Y	Y	Y				

Year of Training Desired		Effective Date of Appointment			
			M	D	Y

I am a graduate of (Undergraduate).		with degree of		in	
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I am graduate of (Medical School).		School of Medicine, located in (City, State)	
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on the		day of		in the year		Receiving degree of	
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☐ I am serving / have received my ☐ Anatomic Pathology / ☐ Anatomic & Clinical Pathology residency training at (including dates):

Licensed to practice in the state of		Registration No.		Date			
					M	D	Y

I have taken and passed all levels of COMLEX/USMLE	<input type="checkbox"/> YES/ <input type="checkbox"/> NO	USMLE ID	
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Pathology Board Examinations

Date of expected completion
M D Y

National Provider Identifier Number

NRMP ID

THIS SPACE MAY BE USED FOR ELABORATION OF ANY OTHER DETAILS WHICH CANDIDATE WOULD LIKE CONSIDERED, OR AN OPTIONAL PERSONAL STATEMENT MAY BE SUBMITTED.

<div>Space for Attaching Recent Passport Type Photograph 2" x 2"</div>	Permanent (Home) Address	<input type="text"/>
	E-mail Address	<input type="text"/>
	Telephone Number	<input type="text"/>
	Present Address	<input type="text"/>
	Signed	<input type="text"/>

IF NOT A U.S. CITIZEN AND/OR, IF GRADUATED FROM A FOREIGN MEDICAL SCHOOL, PLEASE COMPLETE THE FOLLOWING (IF APPLICABLE)

Type of Visa Do you intend to apply for U.S. citizenship?

ECFMG Certificate Number Attach copy of certificate or intern certificate. (If Fifteh Pathway, attach copy of certificate).

If you are now in the U.S., give date and port of entry

SUPPORTING DOCUMENTS

Two Letters of recommendation from physicians should be supplied in addition to a letter from the Director of the Department in which the applicant has most recently served.

Submission of a Curriculum Vitae is required.

Submission of a Personal Statement is optional.

Applications and letters should be forwarded to:

Joseph A. Felo, D.O.
Director of Forensic Pathology Fellowship
Cuyahoga County Medical Examiner's
Office 11001 Cedar Avenue
Cleveland, Ohio 44106

OR
jfelo@cuyahogacounty.gov