

**Baylor College of Medicine  
Department of Pathology  
Fellowship Application Requirements  
Graduates of American Medical Schools**

Application Checklist

Baylor College of Medicine application --- fully completed with original signature.

Current Curriculum Vitae.

Personal statement.

Transcript from each medical school attended.

Dean's Letter or notarized copy of medical school diploma --- copy required for fellowship applicants.

Two letters of reference.

*Copy of USMLE Scores, Steps 1, 2 and 3.*

One wallet size photograph.

Return your completed application to:

**Rosario Guzman**  
Fellowship Program Coordinator  
Department of Pathology  
Texas Children's Hospital  
6621 Fannin, MC: AB1195  
Houston, TX 77030  
[rosariog@bcm.edu](mailto:rosariog@bcm.edu)

**Baylor College of Medicine  
Department of Pathology  
Fellowship Application Requirements  
Graduates of International Medical Schools**

Application Checklist

Baylor College of Medicine application --- fully completed with original signature.

Current Curriculum Vitae.

Personal statement.

Transcript from each medical school attended --- notarized copy accepted but must be able to present original.

Copy of Dean's Letter.

Two letters of reference from physicians familiar with you and your work.

A copy of results (indicating your test scores) sent to you by ECFMG on the FMGEMS National Board exam or the USMLE Steps 1, 2 and 3, and the TOEFL or ECFMG English and the Flex if taken.

Visa questionnaire completed --- enclosed.

One wallet size photograph.

Return your completed application to:

**Rosario Guzman**  
Fellowship Program Coordinator  
Department of Pathology  
Texas Children's Hospital  
6621 Fannin, MC: AB1195  
Houston, TX 77030  
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# BAYLOR COLLEGE OF MEDICINE

## HOUSE STAFF APPLICATION

If applicable, are you registered with the National Residency Match Program? \_\_\_\_\_

Application for house staff appointment (specialty)	Level of training applied for:	Beginning (MO) (DAY) (YEAR):
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Last	First	Middle	Present Address		
Personal E-mail Address			Telephone (Home)	Telephone (cell)	
Permanent Home Address			Name, address & phone # of someone always able to contact you		
Social Security Number			Citizenship	If non-citizen, what type of Visa do you/will you hold?	
Birth date (MO/DAY/YEAR)	Place of Birth		Are you ECFMG certified? If so, what is your certificate number?		
Do you have any condition which might impair your participation in the program? If so please describe.			Have you ever been arrested? (domestic or international) If so please provide details on a separate page.		
			Yes	No	

**EDUCATION:**

<b>College</b>	Name	From	To	Degree
	Address			
<b>Medical School</b>	Name	From	To	Degree
	Address			

<b>Internship</b>	Institution	From	To	Specialty
	City and State			
<b>Residency</b>	Institution	From	To	Specialty
	City and State			
	Institution	From	To	Specialty
	City and State			

<b>Fellowship</b>	Institution	From	To	Specialty
	City and State			
<b>Graduate School</b>	College(s)	From	To	Degree
	Field(s)			

<b>U.S. Board Certification or Eligibility</b>	Specialty	Certified or Eligible	Date of Certification
	Specialty	Certified or Eligible	Date of Certification

**MEDICAL LICENSURE(S):** State \_\_\_\_\_ Year Issued \_\_\_\_\_  
State \_\_\_\_\_ Year Issued \_\_\_\_\_

<b>Faculty Appointments</b>	College	From	To
	Department	Rank	
	College	From	To
	Department	Rank	

<b>Practice or Other Clinical Experiences</b>	Location	From	To
	Type		
	Location	From	To
	Type		

I certify that to the best of my knowledge the above information is accurate and correct.

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



\_\_\_\_\_5. In the United States on a J-1 visa for the purpose of study, research or teaching and must apply for ECFMG sponsorship. Have read and do understand Page 4 of this flyer which explains ECFMG's criteria for changing from a research to a clinical position.

- a. Entered the U.S. on a J-1 visa or acquired J-1 status on \_\_\_\_\_  
month / day / year
- b. Attach copies of all IAP-66 forms.
- c. Attach copy of valid standard or interim ECFMG certificate.
- d. Attach copy of the results of either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II examinations of the National Board of Medical Examiners or the Visa Qualifying Examination

OR

- e. Attach proof of eligibility for an exemption of the Foreign Medical Graduate Examination or Part I and Part II examinations of the National Board of Medical Examiners.

\_\_\_\_\_6. Other visas status, please explain:

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I certify that the above information is correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE