

**Mount Sinai St. Luke's-West  
Department of Pathology**



**Instructions for Observership Application:**

**Please read these instructions carefully.**

**Observership applications may ONLY be submitted from July 1<sup>st</sup> through November 31<sup>st</sup> annually. Observerships are granted for a period not to exceed one month (from the first to the last day of each month). Observerships may be granted during any month EXCEPT July. Observers are volunteers and receive no credits. Research positions are not offered in our program. Requests must be submitted at least 3 months before requested date of observership.**

**To qualify as an observer, the applicant must have graduated from (preferably within the prior 10 years) or be enrolled in a qualified medical school (i.e., if outside of the U.S., be recognized by the ECFMG), have passed (at a minimum) USMLE Step 1 or COMLEX Level 1, and be qualified to work in the U.S. (applicant must obtain visa if required). Observers must have health insurance and submit proof at the time of clearance. Applicants must also find housing accommodations on their own, if needed.**

**Please submit all supporting documents with this application: curriculum vitae (CV), letter of recommendation (at least one), USMLE Step score reports, ECFMG certificate (if obtained), medical school diploma. Complete information on next page and briefly describe your interests in this observership on page 3.**

**Due to the overwhelming demand of the observer program, we may not be able to fulfill all requests; observers are selected based on qualifications. We generally are also not able to accommodate requests for second observerships.**

**Please complete all parts of the application and return to:**

**Guy Smith  
Program Coordinator  
Mount Sinai St. Luke's  
Department of Pathology  
Clark Building-4  
1111 Amsterdam Avenue  
New York, NY 10025**

**Email: [guy.smith@mountsinai.org](mailto:guy.smith@mountsinai.org)**

**MOUNT SINAI HEALT SYSTEM  
MOUNT ST. LUKE'S / MOUNT SINAI WEST**

**Department of Pathology  
Application for Observership**

**Date of application:** \_\_\_\_\_

**Name of applicant:** \_\_\_\_\_

**DOB** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Medical school:** \_\_\_\_\_

**Graduation date / Expected date of graduation:** \_\_\_\_\_

**Emergency contact name / relation / telephone # / e-mail:** \_\_\_\_\_  
\_\_\_\_\_

**Observership requested:** **Anatomic Pathology** \_\_\_\_\_ **Clinical Pathology** \_\_\_\_\_ **Both** \_\_\_\_\_

**For which month are you requesting the observership?**

**List 3 choices in order of preference.**

**1. Month:** \_\_\_\_\_

**2. Month:** \_\_\_\_\_

**3. Month:** \_\_\_\_\_

**Observerships are not offered in the month of July.**

**Briefly describe your interest along with goals and objectives for this observership in the Department of Pathology and Laboratory Medicine at Mount Sinai St. Luke's-West, including how this experience will fit into your career goals (300 words).**