



# Icahn School of Medicine at Mount Sinai

## ABMGG Laboratory Fellowship Application Facesheet

Today's Date:

Full Name:

Degree(s):

Address: (Home):

City, State, Zip:

Country:

Phone Number:

E-mail Address:

Citizenship: \_\_\_\_\_

Date Available to Start:

### Genetic Specialty Area(s) In Which You Are Interested in Applying

Laboratory Genetics and Genomics

Clinical Biochemical Genetics

### Primary Career Goal – Check only one:

I want to run a Clinical laboratory (Clinical)

I want an Academic career in a University-type setting - Clinical / Research / Teaching (Combined)

I want a career in Industry with a focus on clinical laboratory testing

Undecided

### Foreign Graduates only:

My credentials    have    are being    have not    been reviewed by the ABMGG

Please append a copy of your letter from the Boards if they have already reviewed your credentials. If you have not had them reviewed, please review and follow the instructions:

[http://www.abmgg.org/pages/cert\\_forcredential.shtml](http://www.abmgg.org/pages/cert_forcredential.shtml)

Name:

Training:

**Postdoctoral Experience:**

Institution

Area of Training

Dates Trained

(m/yy-m/yy)

**Other Professional Experience:**

**Education:**

Name of University

Date  
Conferred

Degree  
Earned (BS, PhD)

Major

U.S. States in Which Licensed: \_\_\_\_\_

License #(s):

Specialty Board Exam(s):

**Please list any exposure to clinical laboratory testing environment:**

Published Papers:    Y    N (If Yes, indicate number of first author papers below and attach Bibliography)

Number of First Author Papers:

Number of Last Author Papers:

Name:

**Professional Societies you belong to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please have 3 individuals currently involved with your training or work, and who know you professionally, e-mail or forward a letter of recommendation directly to William Hui. These will be kept on file with your application.

**William Hui, B.A.**  
**Program Coordinator, ABMGG Training Program**  
**Email: [william.hui@sema4.com](mailto:william.hui@sema4.com)**

**Name, Title, And Phone Number** of your 3 References:

- |    |        |
|----|--------|
| 1. | Phone: |
| 2. | Phone: |
| 3. | Phone: |

**How Did You Learn About Our Program?**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Conference             | <input type="checkbox"/> Faculty Advisory | <input type="checkbox"/> ACGME Website | <input type="checkbox"/> ABMGG Website |
| <input type="checkbox"/> CHAMP                  |   |  |  |
| <input type="checkbox"/> Other, Please Explain: |   |  |  |

Name:

**Please attach a summary of your interests in clinical laboratory genetics and what you hope to achieve from your training program.**