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**ABMG LABORATORY FELLOWSHIP**  
**APPLICATION FACESHEET**

Full Name:

Street Address :

City/State:

Zip/Postal Code:

Country:

Email:

Contact Phone:

Yrs of Post-Doctoral Training:

**Degree Type & Year Received:**

- MD  
 PhD  
 MD/PhD

Yr Received:

Gender:

**Citizenship Status:**

- USA  
 Permanent Resident  
 Other (Specify)

Specify Status:

**Lab Interest:**

- Biochemical Genetics  
 Cytogenetics & Cytogenomics  
 Molecular Genetics  
 LGG

Combination-Specify

**Instructions:** Please complete and save or print as a PDF document. Submit this cover sheet with all other required application materials:

- 1 - CV
- 2 - Transcripts
- 3 - Three (3) letters of recommendation
- 4 - A one-page personal statement that indicates your previous experience in genetics, research interests, rationale for seeking ABMG certification and goals/objectives for consideration of the Fellowship