

The World Pathology Foundation

Founded 1972 by
WORLD ASSOCIATION OF SOCIETIES OF PATHOLOGY and LABORATORY MEDICINE



Gordon Signy Fellowship Application Form

Due Date: June 30 of the present year for the application of the study in the following calendar year.

Please complete and send to the Administrative Office of WPF
by both air mail and as a PDF document per E-mail (address below).

A) Applicant	
Family Name	
Given Name(s)	
Sex	<input type="checkbox"/> male <input type="checkbox"/> female Date of Birth (yyyy-mm-dd):
Current Home Address	
Telephone Number	Fax
Email	
Nationality	
Current Employer	
Employer Address	
B) Medical Education	
Applicant's University/Medical	
Medical Degree obtained	Date of Degree (yyyy-mm-dd):
Place of Training in Pathology	
Discipline(s) of Pathology	
Training Period (Dates)	
Accredited in Pathology? (Details)	
Diploma?	Yes No
Accreditation Certificate	Yes No
Other Accreditation (Specify)	
C) Proposed Training/Study	
Place / Country	
Training Period (Dates)	
Description of Training	
Relevance for Applicant's Country:	
Training Institution:	

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Gordon Signy Fellowship
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C) Proposed Training/Study (Continued)	
Department	
Address	
Head of Institution (Name/Title)	
Letter of Acceptance:	Yes, I attach to my application a signed letter of acceptance of the institution above.
D) Other Sources of Support (List)	
E) Certification	
<p>I certify that if I am awarded a Gordon Signy Fellowship I will return to the country in which I now practice, to make available to the people of this region the skills I have obtained.</p> <p>I acknowledge that, if I am awarded a Gordon Signy Fellowship, it is my only claim against the World Pathology Foundation. I am aware that the Fellowship is limited to the amount specified on my award letter. After the conclusion of the Fellowship, I will send the World Pathology Foundation report of my activities while holding the Fellowship, and an assessment of their value and acknowledge that only after receipt of the report will the final US\$500 of the award be paid.</p>	
Signature of Applicant*:	Date:

***Important: To be valid, this form must be printed and signed by applicant and delivered by 30 June the year prior to your proposed study. Thus, if training is to begin in February, the application must be received by the end of the previous June.**

Please send your application **by email** to:
World Pathology Foundation
wpfinfo@midco.net

Notes for Completing This Form (IMPORTANT):

- Addresses:** Please give complete addresses including city, country and postal codes
- University/Medical:** The institution where you received your basic medical training
- Medical Degree:** The specific degree your university granted (for example, MD, MB ChB)
- Place of Training in Pathology:** The university, hospital or other institution where you were trained in pathology
- Disciplines of Pathology:** The specific area(s) of pathology in which you were trained (for example, anatomic pathology, clinical pathology, clinical chemistry, neuropathology and so on)
- Accredited in Pathology:** Have you completed the requirements to practice medicine as a pathologist in your country?
- Diploma:** Do you have a diploma certifying that you have graduated from a school of medicine as a medical doctor?
- Accreditation Certificate:** Do you have a certificate saying that you have completed the requirements to practice medicine as a pathologist in your country?
- Other Certificate:** Do you have any other certificates indicating your qualifications in pathology?
- Other Documents:** Have you included a statement regarding other forms of financial support for the proposed training, signed letters of recommendation and a signed letter of acceptance by your proposed training program?

The trustees of the World Pathology Foundation, acting as Regents of the Gordon Signy Fellowship, after verifying your training carefully consider (1) the quality of the training you propose, (2) whether it is of appropriate length to acquire the skills you wish to gain, and (3) the value of what you learn to the general health care of your country. Please remember these points as you complete the application.