## **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

as a PDF document per E-mail (address below).

A) Applicant	
Family Name	
Given Name(s)	
Sex	□ male □ female Date of Birth (yyyy-mm-dd):
Current Home Address	
Telephone Number	Eav
Email	Fax
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:	
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Training Institution:	

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Application Form		
C) Proposed Training/Study (Continued)		
Department		
Address		
Head of Institution (Name/Title) _etter of Acceptance:	Yes, I attach to my application a signed letter of acceptance of the institution above.	
D) Other Sources of Support (Lis		
E) Certification		
to the people of this region the skill I acknowledge that, if I am award Foundation. I am aware that the Fe Fellowship, I will send the World P	rdon Signy Fellowship I will return to the country in which I now practice, to make available Is I have obtained. ed a Gordon Signy Fellowship, it is my only claim against the World Pathology ellowship is limited to the amount specified on my award letter. After the conclusion of the athology Foundation report of my activities while holding the Fellowship, and an nowledge that only after receipt of the report will the final US\$500 of the award be paid.	
Signature of Applicant*:	Date:	
	orm must be printed and signed by applicant and delivered by 30 June the tudy. Thus, if training is to begin in February, the application must be evious June.	
	Please send your application by email to: World Pathology Foundation gordonsigny@gmail.com	

## 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.