

YALE TRANSFUSION MEDICINE FELLOWSHIP APPLICATION

Year for which you are applying:

- 2026-2027 _____
- 2027-2028 _____
- 2028-2029 _____
- Other _____

Name/Degree(s): _____

Address: _____

Phone Number: _____

Email: _____

Citizenship:

- US _____
- Permanent Resident _____
- Other (specify country, Visa type): _____

Physician-Scientist Track (3-4 years)

[available only to those meeting the requirements of an NIH NRSA award, see http://grants2.nih.gov/training/nrsaguidelines/nrsa_III.htm]

Institution, degree and year awarded for:

- Undergraduate degree: _____
- MD degree: _____
- PhD or other: _____
- Residency (Institution, Type [e.g. AP, CP, AP/CP, Medicine-Heme], years): _____

Fellowships (Type, Institution, years): _____

Other Relevant Experience (if any):

Please attach to this application: (1) a complete CV; (2) a brief statement of your career plans in Transfusion Medicine; (3) USMLE scores, if available. Please also arrange to have three letters of

recommendation, at least one of which is from your current Chair or residency program director, sent to:

Christopher Tormey, MD

Yale New Haven Hospital

Department of Laboratory Medicine

20 York Street, PS 329D

New Haven, CT 06511

Please list the three persons from whom letters are being requested:

1) _____

2) _____

3) _____