



## **POST DOCTORAL HISTOCOMPATIBILITY FELLOWSHIP** **APPLICATION FORM**

### **Application Pre-requisites:**

- I am a Canadian Citizen or Permanent Resident of Canada.
- I am legally allowed to work in Canada.
- I hold a valid Social Insurance Number.

This application form shall be used to apply for **CLINICAL HISTOCOMPATIBILITY** fellowship program if listed as open in this application cycle. Please visit the [DPLM website](#) "Clinical Fellowships & AFC Programs" section for Post Graduate MD Fellowships.

It is the applicant's responsibility to ensure that they satisfy **ALL** of the application pre-requisites (above) **AND** the application (including letters of reference) is **COMPLETE** and received in the Fellowship Office by the deadline of **MARCH 31 at 1600h MST.**

For questions or concerns regarding the application process, please email [CalgaryFellowship@albertaprecisionlabs.ca](mailto:CalgaryFellowship@albertaprecisionlabs.ca).

### **Please adhere to, and complete, the application checklist below:**

- Completed Application Form
- Curriculum Vitae (C.V.) attached
  - Including full bibliography of peer-reviewed publications
- Three (3) letters of reference, as well as the attached reference form, submitted to the DPLM/APL Fellowship Committee Office **directly** from the referee. These letters must be current at the time the application is submitted and should attest to familiarity with the applicant's professional expertise, the length of acquaintance, and the good character of the applicant. Training Committee members may not serve as references.

Letters can be submitted via email OR mail to:

**DPLM/APL Fellowship Training Committee**  
c/o Apple Cebedo, Interim Fellowship Training Coordinator  
Alberta Precision Laboratories  
Email: [CalgaryFellowship@albertaprecisionlabs.ca](mailto:CalgaryFellowship@albertaprecisionlabs.ca)  
Mailing address: Diagnostic and Scientific Centre  
9, 3535 Research Road NW, Calgary, AB T2L 2K8

**Section 1 Applicant Demographics**

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Full Name (Last, First Middle):	Email Address (non-institutional):
Current Mailing Address:	Phone Number:
	Canadian citizenship status:
Permanent Mailing Address:	Current Occupation or Position:

**Section 2 Curriculum Vitae & Attachments**

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Please attach your entire curriculum vitae as a separate document with your application.

My C.V. is attached:  Yes  No

**Additional Attachments to this Application**

Attachments are to be sent as **ONE** pdf file attached to the same email as your application form. Please name the attachment file as follows: "LastName\_FirstName-Attachments.pdf"

Documents included in your pdf (select all that apply):

- Post-Secondary Degrees (provide translation to English if needed)
- ILETS English Proficiency Examination Results (if needed)



**Section 3 Personal Letter/Statement**

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*Insert your personal letter/statement in the space provided below. Describe your reasons for seeking a Clinical Histocompatibility Fellowship.*



**Section 4 Educational Background and Experience**

University/Institution	Field of Specialization	Years Attended	With Honors?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Summarize your pre-doctoral experience relevant to Immunology, Genetics, Histocompatibility, and Transplant Immunology.

Employer	Type of Position	Dates

Summarize your post-doctoral experience relevant to Immunology, Genetics, Histocompatibility, and Transplant Immunology

Appointments held	Type of activity (research or other)	Dates

Use the space provided below to list papers and abstracts you have published.



**Section 5 References**

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Please provide the names, title(s) and contact information (email and phone) of **three** referees whom you have asked to write in support of your application.

	Referee #1	Referee #2	Referee #3
Name			
Title(s)			
Email			
Phone			

**Section 6 Attestation and Signature**

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*Electronic signatures are permitted.*

Full Name	Signature**	Date

**\*\*By signing this document, I affirm that all of the information contained in this application is true and complete to the best of my knowledge. I agree to the distribution of the information contained herein only for the purposes of applying to the Department of Pathology & Laboratory Medicine.\*\***

**For Office Use Only:**

- Application complete
- Reference Letters (x3) received
- Submitted to Fellowship Program Committee for review

Date: \_\_\_\_\_