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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

☐ Combination (Specify)

Combination

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 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

Direct any inquiries to genetics.residency@mssm.edu or yvette.dingwall@mssm.edu. You can also review our webpages at www.ichn.mssm.edu/departments-and-institutes/genomics and www.mssm.edu/geneticstesting