

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

Program Track for which you are applying:

- ☐ Clinical Track (one year)
☐ 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
Dept. of Laboratory Medicine
20 York Street, PS 329D
New Haven, CT 06511

Or email application and required documentation to: Christopher.Tormey@yale.edu as well as labmed.fellwships@yale.edu and write the year applying for and Blood Bank in the Subject line.

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

1) _____

2) _____

3) _____