



The  
**Hematology Fellows**  
Consortium

**October 25-27, 2019**  
**Fellow Nominee Application**

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**Please e-mail this form by Monday, September 9, 2019 to:  
[admin@medicusworks.com](mailto:admin@medicusworks.com)**

**Section 1: Nominator Contact Information**

Name of Nominator:

Nominator Affiliation:

Nominator E-mail:

Nominator Office #:

Nominator comments (Please provide information you would like us to know about your Nominee):

**Section 2: Nominee Information**

(Please complete the following sections in their entirety.)

**Personal Information**

First Name:

Last Name:

Home Address:

City:

State:

Zip Code:

Mobile #:

**Work Information**

Affiliation:

Address:

City:

State:

Zip Code:

Office #:

E-mail:



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**Section 3: Education**

**Undergraduate Education and Training**

School Name:

Graduation Date:

Degree Earned:

School Name:

Graduation Date:

Degree Earned:

**Post Graduate Training**

Type of Education or Fellowship:

Director:

From:

To:

Location:

Type of Education or Fellowship:

Director:

From:

To:

Location:

Type of Education or Fellowship:

Director:

From:

To:

Location:

**Section 4: Professional Memberships**

Organizational Membership:

Date (year):

Organizational Membership:

Date (year):



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**Section 5: Professional Activities**

Activity:
Location:
Date (year):
Activity:
Location:
Date (year):

**Section 6: Awards and Special Recognition Received**

Award:
Year:
Award:
Year:
Award:
Year:

**Section 7: Areas of Research and Clinical Interest**

Academic:
Administrative:
Community:
Other:



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**Section 8: Research Concept Sheet Template**

*Please modify as appropriate. The HFC Concept Sheet is not limited to 1 page.*

<b>Background</b>
<b>Method</b>
<b>Results</b>
<b>Conclusions</b>

**Section 9: Curriculum Vitae – Please include a copy of the fellow’s CV with the application submission.**