



The
Hematology Fellows
Consortium

October 1–3, 2021
Fellow Nominee Application

PLEASE E-MAIL THIS FORM BY **FRIDAY, AUGUST 20, 2021** TO: admin@medicusworks.com

Section 1: Nominator Contact Information

Name:

Affiliation:

Email:

Phone Number:

Information you would like us to know about your Nominee:

Section 2: Nominee Information

Personal

First Name:

Last Name:

Home Address:

City:

State:

Zip Code:

Mobile Number:

Professional

Affiliation:

Address:

City:

State:

Zip Code:

Office Number:

Email:



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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:

Dates (year):

Organizational Membership:

Dates (year):

Organizational Membership:

Dates (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.

BACKGROUND

METHOD

RESULTS

CONCLUSIONS

Section 9: Curriculum Vitae

Please include a copy of the fellow's CV with the application submission.