

Advanced Training Grant –Molecular Diagnostics

APPLICATION

APPLICANT INFORMATION

CAP Membership Number	
Name	
Address	
City, State Zip	
E-mail Address	
Daytime Phone Number	
Alternate Phone Number	
Current Training Institution	
Institution Address	
Starting Date of Pathology Residency	
Expected Completion Date of Pathology Residency	
Location of Proposed Training	

APPROVAL OF PROGRAM BY SPONSOR

Name of Institution	
Address	
City, State Zip	
Phone	
Signature of Program Director/Dept. Chair	
Print Name of Program Director/Dept. Chair	
Title	
Date	

HOST INSTITUTION

Name of Host Institution	
Address	
City, State Zip	
Phone	
Signature of Laboratory Director	
Print Name of Laboratory Director	
Title	
Date	

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Applicants are required to complete and submit the following documentation, include your name on each item. **All documents must be typed.**

1. Completed Application Form
Word Format
.pdf Format
2. Curriculum Vitae
3. Name of the training program, and the name and location of the laboratory where you would like to pursue training
4. Narrative Summary -- no more than 500 words
5. Supporting letter from the home institution's residency program training director or department chair
6. Supporting letter from the director of the laboratory at the host institute where the training will take place

There are three (3) methods to submit an application:

BY EMAIL: capfdn@cap.org
Subject: ATG - Molecular Diagnostics

BY FAX: Arlene V. Strong
Program Manager
CAP Foundation
Fax Number: 847-832-8324

BY US MAIL: CAP Foundation
ATG - Molecular Diagnostics
325 Waukegan Road
Northfield, IL 60093

Questions? For more information about this or other awards, please call 800-323-4040, ext. 7324