

**Advanced Training Elective
Pathology Informatics**

APPLICATION

CAP Membership Number	
Name	
Address	
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	
Fellowship Dates	

APPROVAL OF PROGRAM DIRECTOR or DEPARTMENT CHAIR

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

McKesson Provider Technologies
 Westmoor Technology Park | 11000 Westmoor Circle – Suite 125 | Westminster, CO 80021

Please forward this application along with the appropriate attachments (see Application Guidelines for details) to:

By Email: capfdn@cap.org

By Fax: 847-832-8324 - Attention: Arlene V. Strong

By Mail: CAP Foundation | 325 Waukegan Road | Northfield, IL 60093

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