



**AMERICAN SOCIETY OF HEMATOLOGY  
International Post-Doctoral Fellows (IPDF) Program Application**

**Applicant Information**

First Name:		Last Name:	
Degree(s):	Institution:		
Department:			
Address:			
City:		State/Province:	
Postal Code:		Country:	
Phone:		Fax:	
Home Address:			
City:		State/Province:	
Postal Code:		Country:	
Phone:		Fax:	
E-mail:			

**Fellowship Program Information**

Training Program Title:		
Institution:		
City:	State/Province:	Country:
Start Date:		Expected Completion Date:
Name of Program Director:		
Phone:		Fax:
E-mail:		

**The IPDF program is open to post-doctoral fellows residing outside North America, who hold an MD or equivalent medical degree and are enrolled in an approved hematology or oncology training program.**

**\*\*Please return this form along with a letter from your program director including the start date and expected completion date of your fellowship program to:\*\***

**American Society of Hematology  
Customer Service  
2021 L Street, NW, Suite 900  
Washington, DC 20036  
Fax: 202-292-0250  
E-mail: [customerservice@hematology.org](mailto:customerservice@hematology.org)**