

**Department of Pathology and Genomic Medicine
 Residency Research Program Supplemental Application**

Name: _____ **Telephone:** _____

Institution _____

Address: _____

Email Address: _____

Please send:

1. Applicant's CV
2. PDFs of all articles and/or copies of abstracts presented
3. Please describe the research you have conducted to date, its significance, and your career plans and goals (2 pages maximum). Please include the pathology specialty you plan to pursue (if known) and how the HMPRRP will help you to achieve your goals.
4. Two letters of recommendation. One should be from your primary research advisor for applicants who have completed a PhD, and the second should be from an individual who can adequately assess your research potential. Please list below the individuals from whom you have requested letters.

Name	Title	Phone Number	E-Mail

Please return application materials (including copies of all published papers) via email to:

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