

VERIFICATION OF ELIGIBILITY

The F. Stephen Vogel Award



Paper Title and Journal Reference:

Name: Degree:

Telephone: Email:

Applicant's Role in Investigation If Other Than First Author:

If further supporting information is necessary, please attach a separate sheet.

VERIFICATION OF ELIGIBILITY:

This is to certify that the above named applicant is/was a pathologist-in-training in the department of pathology at the time the scientific investigation on which the article is based was started and subsequently completed and, in my opinion, is qualified to compete for this award in accordance with your announcement. **The applicant had a major role in the development of the studies leading to the publication of the enclosed article.**

Chairman or Director of Residency Training:

Signature: _____

Institution:

Please fill out form and obtain the signature of your department Chairman or Director of Residency Training and submit the completed VERIFICATION OF ELIGIBILITY through the online Vogel Award Submission System.

Verification must be submitted by Thursday, October 7, 2021 at 3:00 PM Eastern Daylight Time.

201 N. Palm Canyon Drive
Suite 301
Palm Springs, CA 92262

Phone | 760.327.6777
Fax | 760.327.6477

help@uscap.org
www.USCAP.org

