



**OFFICE OF THE CHIEF MEDICAL EXAMINER  
STATE OF MARYLAND  
FORENSIC PATHOLOGY FELLOWSHIP**



Established in 1939, the agency is considered "one of the model Statewide Medicolegal Death Investigative Systems" and has one of the longest running forensic fellowship programs in the United States. Under the supervision of board-certified or board-eligible forensic pathologists, the fellow will perform postmortem examinations to determine the cause and manner of death in a wide variety of cases which occur in both urban and rural settings. The OCME investigates sudden unexpected and traumatic deaths, approximately 18,000 per year, in 23 counties. Approximately 6,000 postmortem examinations were conducted in 2020. A comprehensive curriculum includes daily morning and afternoon rounds, didactic lectures, journal clubs, and pending/consensus conferences. Scene investigations, rotations within the in-house toxicology lab, formal rotations with a local Crime Lab, forensic anthropology, forensic neuropathology, and cardiovascular pathology are also included. Courtroom testimony is strongly encouraged, first by shadowing attending medical examiners and followed by the fellow's own testimony later in the year. The office is within walking distance to the University of Maryland Medical Center and School of Medicine and is easily accessible to The Johns Hopkins University Hospital. As a state employee, the fellow receives benefits such as health insurance, vacation, and sick time. Fellows are provided private office space along with protected time and funding to attend at least one national meeting.

**Requirements:** Successful completion of an accredited pathology residency training program in either Anatomic Pathology or combined Anatomic/Clinical Pathology.

Stephanie A. Dean, M.D.  
Fellowship Program Director  
Office of the Chief Medical Examiner  
900 W. Baltimore Street  
Baltimore, MD 21223  
[fellowship@ocmemd.org](mailto:fellowship@ocmemd.org)



**APPLICATION FOR FELLOWSHIP TRAINING  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
900 W. BALTIMORE STREET  
BALTIMORE, MARYLAND 21223  
(410) 333-3250  
fellowship@ocmemd.org**

Fellowship from \_\_\_\_\_ to \_\_\_\_\_

Name in Full \_\_\_\_\_ S.S.# \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

If Not U.S. Citizen, Type of Passport or Visa \_\_\_\_\_

If Naturalized U.S. Citizen, Date \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_

Email Address: \_\_\_\_\_

Present Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Medical School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

College or University \_\_\_\_\_

Number Years Attended \_\_\_\_\_ Degree and Date \_\_\_\_\_

Internships, Residencies, Fellowships:

Hospital/Institution                      Position                      From                      To                      Head of Department

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Other Post-Graduate Training \_\_\_\_\_

Research Experience \_\_\_\_\_

What licenses to practice medicine do you hold?

National Board \_\_\_\_\_ Date of Acquisition \_\_\_\_\_

State Board (State) \_\_\_\_\_ Date of Acquisition \_\_\_\_\_

State Board (State) \_\_\_\_\_ Date of Acquisition \_\_\_\_\_

State Board (State) \_\_\_\_\_ Date of Acquisition \_\_\_\_\_

Served in U.S. Armed Forces?

Branch of Service \_\_\_\_\_ Capacity \_\_\_\_\_

Dates of Service \_\_\_\_\_

Are you in good physical condition? Yes \_\_\_\_\_ No \_\_\_\_\_ If you have any physical defect or abnormality, describe \_\_\_\_\_

American Board of Pathology Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

Pathology Anatomy \_\_\_\_\_ Date \_\_\_\_\_

Clinical Pathology \_\_\_\_\_ Date \_\_\_\_\_

Other \_\_\_\_\_ Date \_\_\_\_\_

What Medical Societies are you a member in good standing?

\_\_\_\_\_ Date of Admission \_\_\_\_\_

\_\_\_\_\_ Date of Admission \_\_\_\_\_

\_\_\_\_\_ Date of Admission \_\_\_\_\_

Give name and address of three (3) persons for references. Include present employer, no relatives.

|    | Name  | Address | City - State |
|----|-------|---------|--------------|
| 1. | _____ | _____   | _____        |
| 2. | _____ | _____   | _____        |
| 3. | _____ | _____   | _____        |

List your publications:

1.

2.

3.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

Please also provide: three letters of recommendation, an updated curriculum vitae, a personal statement, and a recent photo (head and shoulders). All materials may be sent to [fellowship@ocmemd.org](mailto:fellowship@ocmemd.org)