

**APPLICATION
 ONE-YEAR INTERVENTIONAL CARDIOLOGY FELLOWSHIP PROGRAM**

Return application and all necessary documents to:

Kari Scott
 Fellowship Coordinator
 Division of Cardiology
 University of Texas Medical Branch
 301 University Blvd.
 Galveston, TX 77555-0553

Receipt Deadline August 31, 2012

Attach electronic photo along with this application.

Name _____

Last

First

Middle

Applying for (Year) 2013 Through 2014

Home Address _____

Street

City

State

Zip

Business Address _____

Street

City

State

Zip

Permanent Address _____

Street

City

State

Zip

E-mail Address _____

Phone _____

Home

Cell

Soc. Sec.# _____ Birthdate _____ Birthplace _____

City and State

Visa Type, if applicable _____ Visa Expiration Date: _____

(If not a citizen of the United States, please enclose a copy of your immigration visa together with the date and results of the Foreign Medical Graduate Test)

Citizenship _____ Naturalized US Citizen? _____

Marital Status _____ Full Name of Spouse _____

Children _____

Name

Age

Name

Age

Physical Disability, if any _____

Military Service (Dates, Rank and Location)

<u>Education</u>	Name	Place	Degree	Year
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High School	_____			
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College	_____			
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Medical School	_____			
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Graduate School	_____			
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Post-Graduate Medical Training

	Hospital	Type	Program Director	
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Internship	_____			
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	From		To	_____	
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Residency	_____			
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	From		To	_____	
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Other Post-Graduate Training

	Dates	Hospital	Type	Program Director	
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Post-Graduate Research Training

Previous Research Experience (as a student or house officer)

Present Position and Institution _____

Present Program Director _____

Address _____

National and State Board Examination (Include Dates, Percentile Score, & Total Points)

<i>Exam</i>	<i>Date</i>	<i>Score</i>	<i>Percentile</i>
USMLE I	_____	_____	_____
USMLE II	_____	_____	_____
USMLE III	_____	_____	_____
OTHERS	_____	_____	_____

In what states are you licensed to practice? _____

Bibliography - List all authors in proper sequence, name of article, journal, inclusive pages, and dates. Enclose one reprint of each article. (If more space is needed, please attach a full list)

Medical and scientific affiliations

Hobbies/interests _____

Please send the following letters of recommendation and have them addressed to:
Dr. Ken Fujise, Program Director, ATTN: Kari Scott, Fellowship Coordinator, Division of Cardiology, 301 University Boulevard, Galveston, TX 77555-0553.

**All of the following items must be received before any application will be considered.
Please **DO NOT STAPLE** items together.**

1. *This application. A recent photograph must be attached.*
2. *Curriculum Vitae and personal statement*
3. *Copies of USMLE results*
4. *Copy of visa (or work authorization or permanent resident card) and ECFMG (if applicable)*
5. *Medical School Dean's letter and transcript*
6. *Notarized copy of your medical school diploma*
7. *Recommendation letters from:*
 - a. *Program Director during residency and internship.*
 - b. *Two other physicians who are qualified to evaluate your ability and qualifications for fellowship.*
 - c. *Program Director during special training (e.g., previous fellowship), if applicable.*
 - d. *If you are in military service, a letter of recommendation from your Commanding Officer.*

I certify that the information given above is a true and accurate account of the information requested.

Signature _____

Date _____