CARDIOVASCULAR MEDICINE TRAINING PROGRAM APPLICATION
YALE NEW HAVEN MEDICAL CENTER
CARDIOLOGY SECTION, 3 FMP
333 CEDAR STREET, P.O. BOX 208017
NEW HAVEN, CT 06520-8017
(203) 785-6484

ATTACH RECENT PHOTO

FELLOWSHIP BEGINNING
JULY _____

CIRCLE FELLOWSHIP OF INTEREST:

Congestive Heart Failure VA Cardiac Imaging/Stress Testing Electrophysiology Nuclear

NAME _____
LAST FIRST MIDDLE

2. WORK PHONE _____ HOME PHONE _____

3. SOC.SEC # _____ DATE/PLACE OF BIRTH_____

4. U.S. CITIZEN – YES _____ NO _____ VISA Status (if no) _____

5. EMAIL ADDRESS _____

6. MAILING ADDRESS _____

_____

7. HOME ADDRESS _____

_____

8. PRESENT STATUS / POSITION _____

ARMED SERVICES CATEGORY _____

9. DEPENDENTS: SPOUSE _____ CHILDREN (N0.) _____

10. PREVIOUS TRAINING (INSTITUTION AND DATES):

COLLEGE _____

MEDICAL SCHOOL _____

INTERNSHIP (US/CANADA only)_____

RESIDENCY (US/CANADA only)_____

OTHER _____

10. ECFMG # (if applicable)_____

11. PREVIOUS RESEARCH ACTIVITIES (ATTACH REPRINTS OR LIST OF TITLES OF PUBLISHED PAPERS ON SEPARATE SHEET)

12. NAMES OF ADDRESSES OF THREE PERSONS FAMILIAR WITH ABILITY AND SCIENTIFIC AND/OR PROFESSIONAL INTERESTS OF APPLICANT (PLEASE HAVE EACH FORWARD A LETTER OF RECOMMENDATION DIRECTLY TO THE CARDIOLOGY SECTION AT YALE). A LETTER FROM YOUR INTERNAL MEDICINE PROGRAM IS REQUIRED.

1. _____

_____

_____

2. _____

_____

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3. _____

_____

_____

13. CARRER GOALS:

_____ FULL TIME ACADEMIC MEDICINE

(OPTIONAL)

_____ CLINICAL INVESTIGATION

_____ MOLECULAR BIOLOGY RESEARCH

_____ OTHER BASIC SCIENCE RESEARCH

_____ PRACTICE WITH MEDICAL SCHOOL AFFILIATION

_____ OTHER (PLEASE SPECIFY) _____

14. PROSPECTIVE RESEARCH INTEREST

_____

_____

_____

_____

_____

_____

_____

15. PERSONAL STATEMENT

SIGNED _____

DATE _____