

Application for CARDIOLOGY FELLOWSHIP
Strong Memorial Hospital, University of Rochester Medical Center
601 Elmwood Avenue, Rochester, NY 14642-8679

Recent Photo
**REQUIRED

Interventional Program: (585) 273-3229
Electrophysiology Program: (585) 273-3229
Heart Failure Program: (585) 273-3760

Name: (last, first, middle I.) _____ SS#: _____
(Last) (First) (I)

Address: (work) _____ Tel: _____

Address: (home) _____ Tel: _____

Birthplace: _____ Birthdate: _____ Pager: _____

E-Mail: _____ Cell Phone: _____

Citizenship: _____ Or Permanent Resident Status _____

Visa Type: _____ (Only J-1 Acceptable, sponsored by the ECFMG)

ECFMG #: _____ Initial Date of Sponsorship: _____

| | | | |
|-------|--------|-------------|--------------|
| USMLE | STEP 1 | Date: _____ | Score: _____ |
| | STEP 2 | Date: _____ | Score: _____ |
| | STEP 3 | Date: _____ | Score: _____ |

LICENSURE:
DEA Reg#: _____ Medical License: State: _____ Type: _____

NPI# _____

Do you have a commitment for military or National Health Corps Service? _____
If so, Years: _____ Branch: _____

Education – (name of institution, location, degree, date)
College: _____

Med School: _____

Other Degree: _____

Postdoctoral training (name of institution, location, date)
Residency: _____

Other Post-doc experience: _____

Names and Addresses of 3 references from whom you are requesting letter:
1. _____
2. _____
3. _____

Board Certification: Yes _____ No _____ Discipline and Year Obtained: _____

1. Have you ever resigned or withdrawn association from previous residency or fellowship program to avoid the imposition of disciplinary measures?
Yes _____ No _____ Reason: _____

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Strong Memorial Hospital
Cardiology Division**

2. Have you ever disciplined by, dismissed from, or not re-appointed to a previous residency or fellowship program?
Yes ____ No ____ Reason: _____
3. Have you ever had medical licensure limited, restricted, suspended, revoked, denied or subject to probationary conditions?
Yes ____ No ____ Reason: _____
4. Have you ever had any pending or previous professional misconduct proceedings or pending or previous malpractice actions, judgments, or settlements?
Yes ____ No ____ Reason: _____
5. Have you ever been convicted of a misdemeanor or felony in any jurisdiction?
Yes ____ No ____ Reason: _____

List of Attachments Required to Complete the Cardiology Fellowship Application:

1. Cover letter to accompany application.
2. Personal Statement – Provide a description of your career plans and aims for the fellowship.
3. Updated Curriculum Vitae to include: Honors/Awards, Memberships and Publications.
4. Recent Photo ****REQUIRED.**
5. Current Copies of Current Visa and ECFMG Certificates, if applicable.
6. Completed Affirmative Action Statement required – see below.
7. A limit of three letters of reference sent by designated references on application form. All three letters of reference need to be received before a file will be considered for an interview.
8. USMLE scores – Part I, II, III and documentation.
9. If you would like to know the status of your application, please email as follows:
Interventional Program: Joanne_tranella@urmc.rochester.edu
Clinical Cardiac Electrophysiology Program: Joanne_Tranella@urmc.rochester.edu
Heart Failure/Transplant Program: Lisa_yockel@urmc.rochester.edu

Affirmative Action Statement

I Wish To be Identified as a Minority Applicant

Black: _____
Hispanic: _____
Native American: _____
Asian: _____
Other: _____

Date you wish to begin fellowship: _____

Type of Fellowship you are applying for: (check one) Interventional EP
 Other –please specify _____

For Interventional and Electrophysiology Programs prior completion of an accredited clinical three-year fellowship in Cardiovascular Disease is required.

I certify that the information contained within this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a residency position, or if employed, may constitute cause for termination from the residency program. I further understand that upon appointment I will be required to document my citizenship and complete a health assessment which includes a physical examination and drug and alcohol testing.

Signature

Date Submitted: