

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) 273-1147

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 Have you ever resigned or withdrawn association from previous residency or fellowship program to avoid the imposition of disciplinary measures?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: _____

