

CARDIOVASCULAR MEDICINE TRAINING PROGRAM APPLICATION
YALE NEW HAVEN MEDICAL CENTER
CARDIOLOGY SECTION, DANA 3
789 HOWARD AVENUE, P.O. BOX 208017
NEW HAVEN, CT 06520-8017
(203) 785-6484

ATTACH RECENT PHOTO

FELLOWSHIP BEGINNING
JULY _____

CIRCLE FELLOWSHIP OF INTEREST:

ADVANCED IMAGING

___MRI___CT___NUCLEAR___ECHO

1. 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 POSITION / POST GRAD YEAR _____

ARMED SERVICES CATEGORY _____

9. DEPENDENTS: SPOUSE _____ CHILDREN (NO.) _____

10. PREVIOUS TRAINING:

COLLEGE (INSTITUTION & DATES) _____

MEDICAL SCHOOL (INSTITUTION & DATES) _____

INTERNSHIP (US/CANADA only) _____

RESIDENCY (US/CANADA only) _____

OTHER _____

11. ECFMG # (if applicable) / CERTIFICATE ISSUE DATE _____

12. Submit LETTER OF INTEREST OR PERSONAL STATEMENT. Summarize background, specific goals in pursuing advanced training, career goals and trajectory.

13. Submit CURRICULUM VITAE inclusive of prior research activities, publications, and clinical training. Please attach reprints of published papers.

14. Submit THREE LETTERS OF RECOMMENDATION from persons familiar with applicants' clinical and scientific abilities/accomplishment and/or professional interests. Letters should be submitted directly to **Kristin.Piscitelli@yale.edu**. Below, list below the names of references along with their title/position and contact information (phone number, email, mailing address)

1. _____

2. _____

3. _____

15. Identify CAREER GOALS:

_____ Full-time Academic Medicine

_____ Clinical Investigation

_____ Molecular Biology Research

_____ other basic science research

_____ practice with medical school affiliation

_____ other (please specify) _____

16. Describe prospective research interest.

17. Submit USMLE transcripts

SIGNED _____

DATE _____