

Emory University School of Medicine
Division of Cardiology
2019-2020 Interventional Fellowship Training Program

Application Instruction Sheet

Please use this sheet as a "checklist" for application requirements

- I. Please send the following letters of recommendation and have them addressed to **John S. Douglas, Jr., M.D.**, Director of Fellowship Training in Interventional Cardiology. The address is the same as listed on the application.
1. Chief of Service or Director during Fellowship.
 2. Two other physicians who are qualified to evaluate your ability and qualifications for the specific fellowship.
 3. Copies of official scores from all exams attempted since your matriculation into medical school.
_____ **ABIM**
_____ **USMLE**
_____ **FLEX**
_____ **NBME**
 4. Curriculum Vitae.
 5. Personal Statement.
 6. If you are a graduate of a medical school outside the United States or Canada, please send a copy of your **ECFMG certificate**.
 7. Please attach a **photo** of yourself to the application.

THE DEADLINE FOR RECEIVING YOUR APPLICATION MATERIAL IS
December 1, 2017

EMORY UNIVERSITY SCHOOL OF MEDICINE
APPLICATION FOR INTERVENTIONAL (PTCA) 2019-2020 CARDIOLOGY FELLOWSHIP

Return this application and all necessary documents (by December 1, 2017) to:

John S. Douglas, Jr., M.D., FACC
Director, Interventional Cardiology Fellowship Training
Attention: Janci A. Demyun, MPH, Program Coordinator
Emory University, Division of Cardiology
101 Woodruff Circle, 319 WMB
Atlanta, GA 30322

Attach Recent Photograph Here

Email: djanci@emory.edu
Phone: (404) 727-6149
Fax: (404) 712-8335

PERSONAL DATA

Name in Full: _____
Last First Middle

Home Address: _____
Street Address

City State Zip Code Country

Telephone: _____
Home Telephone Number Work Telephone Number

E-mail: _____
Cell phone

Work Address: _____
Street Address

City State Zip Code Country

Social Security Number: _____ Birthdate: ___/___/___
(optional) (optional)

Citizenship: _____

If not a citizen of the United States please check:

Permanent Resident: _____
J-I Visa: _____
Other: _____

Please enclose a copy of your immigration visa together with the date and results of the Foreign Medical Graduate test.

EDUCATION

List degrees, honors,
majors, minors:

_____ to _____
(mo/yr) (mo/yr) **College:** _____
Name Degree

_____ City _____ State _____ Country

_____ to _____
(mo/yr) (mo/yr) **Medical School:** _____
Name Degree

_____ City _____ State _____ Country

_____ to _____
(mo/yr) (mo/yr) **Graduate School:** _____
Name Degree

_____ City _____ State _____ Country

POST-GRADUATE MEDICAL TRAINING

_____ to _____
(mo/yr) (mo/yr) **Internship:** _____
Hospital Name

_____ Type _____ Chief/Department _____ Chairman

_____ to _____
(mo/yr) (mo/yr) **Residency:** _____
Hospital Name

_____ Type _____ Chief/Department _____ Chairman

_____ to _____
(mo/yr) (mo/yr) **Fellowship:** _____
Hospital Name

_____ Type _____ Chief/Department _____ Chairman

_____ to _____
(mo/yr) (mo/yr) **Present Position:** _____
Hospital Name

_____ Type _____ Chief/Department _____ Chairman

Other Post-Graduate Training:

Post Graduate Research Training:

Previous Research Experience (as a student or house officer):

OFFICIAL SCORES:

List all (post-matriculation) examinations you have taken, scores and dates (ABIM, USMLE, NBME, FLEX, etc.):

<u>EXAM</u>	<u>SCORES</u>	<u>DATE</u>
ABIM		
Internal Medicine	_____	_____
Cardiovascular Disease	_____	_____
USMLE I	_____	_____
USMLE II	_____	_____
USMLE III	_____	_____
FLEX	_____	_____
NBME	_____	_____

Honors, Awards:

List states licenced to practice: _____

Bibliography: List articles that have been published or accepted for publication in peer review journals
One reprint of each article should be included with the application.

Medical and scientific affiliations:

Applicant Signature: _____ Date _____