

CARDIOLOGY FELLOWSHIP APPLICATION

2016 CLINICAL CARDIAC ELECTROPHYSIOLOGY

INDIANA UNIVERSITY
MEDICAL CENTER HOSPITALS
INDIANAPOLIS, IN 46202

PHOTOGRAPH

TO: JOHN MILLER, M.D.
Indiana University School of Medicine
Krannert Institute of Cardiology
1800 N. Capitol Ave., Room E400
Indianapolis, IN 46202-1218

I HEREBY APPLY FOR A CARDIOLOGY FELLOWSHIP IN THE DEPARTMENT OF MEDICINE AT THE INDIANA UNIVERSITY SCHOOL OF MEDICINE AND AFFILIATED HOSPITALS FOR A PERIOD OF 12 MONTHS, OR MORE BEGINNING _____, 2016.

FULL NAME _____ SOC. SEC. # _____

PRESENT ADDRESS _____

PHONE: HOME _____ DAY _____ PAGER _____

PERMANENT ADDRESS _____

HIGH SCHOOL _____ Year Graduated _____

PLACE

COLLEGES OR UNIVERSITIES ATTENDED: (DATES, NAMES, PLACES, DEGREES EARNED)

MEDICAL SCHOOL _____ Year Graduated _____

GRADUATE EDUCATION: (RESIDENCIES, FELLOWSHIPS, OTHER, DATES, NAMES, PLACES)

HONORS, AWARDS, ACADEMIC SOCIETIES, ETC.

PUBLICATIONS:

MILITARY SERVICE: (DATES, SERVICE RANK, PRESENT STATUS)

TO THE BEST OF MY KNOWLEDGE, I HAVE NO CHRONIC ILLNESSES OR HANDICAPS EXCEPT THE FOLLOWING:

IN SUPPORT OF THIS APPLICATION I WILL ALSO SUBMIT:

LETTERS FROM TWO OR MORE FACULTY MEMBERS AND ONE REGARDING GRADUATE MEDICAL EDUCATION, IF APPLICABLE FOR A TOTAL OF (3), CV, A PERSONAL STATEMENT, ECFMG CERTIFICATE, FELLOWSHIP COMPLETION LETTER/CERTIFICATE, MEDICAL SCHOOL DIPLOMA, AND USMLE

Application will not be considered complete until all paperwork is received. "If additional space is needed, please attach separate page."

USUAL LEGAL SIGNATURE _____

NAME AND ADDRESS OF PARENT OR RELATIVE WHO WILL KNOW YOUR ADDRESS IN THE FUTURE:

DATE OF BIRTH _____ PLACE OF BIRTH _____

CITIZENSHIP _____ VISA STATUS (IF APPLICABLE) _____

RESIDENCY STATUS _____

OPTIONAL INFORMATION:

SEX _____ MARITAL STATUS _____ NATIONALITY _____

NAME OF SPOUSE _____ OCCUPATION OF SPOUSE _____

Application will not be considered unless all lines are filled in.