

**Emory University School of Medicine**  
**Division of Cardiology**  
**2016-2017 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**  
**November 30, 2014**



**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:

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

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**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:

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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.**

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Medical and scientific affiliations:

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Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_