

**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**

EMORY UNIVERSITY SCHOOL OF MEDICINE
APPLICATION FOR INTERVENTIONAL (PTCA) 2016-2017 CARDIOLOGY FELLOWSHIP

Return this application and all necessary documents (by November 30, 2014) to:

John S. Douglas, Jr., M.D., FACC
Director, Fellowship Training Interventional Cardiology
Emory University Hospital
1364 Clifton Road,
Room F606
Atlanta, Georgia 30322
Attention: Tila Millen

Attach Recent Photograph Here

Phone: (404) 712-7040

Fax: (404) 712-1385

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_____