APPLICATION FOR ADVANCED FELLOWSHIP IN CARDIOTHORACIC TRANSPLANTATION SURGERY AND MECHANICAL CIRCULATORY SUPPORT

Training Period (approx.): August 1, 2021, to July 31, 2022

Indicate the Subspecialty Area for which you are applying:

[ ]  Advanced Fellowship in Cardiothoracic Transplantation Surgery and Mechanical Circulatory Support

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| **APPLICANT INFORMATION** |
| Last Name |       | First Name |       | M.I. |       |
| Street Address |       |
| City |       | State |       | Country |       | Zip Code |       |
|  |
| Home Phone |       | Business Phone |       | Cell Phone |       |
| Pager |       | Email Address |       |
|  |
| Date of Birth |       | Place of Birth |       |
| Social Security No. |       |  |

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| **CITIZENSHIP** |
| Citizenship ***(please check one or provide visa status)*** | [ ]  | U.S. Citizen |
| [ ]  | Permanent Resident |
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| If not a citizen or permanent resident, please give visa status: |
|  |       |  |
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| **EDUCATION** |
| Undergraduate:       | Date of Graduation |
| Medical School:       | Date of Graduation |
| Honors and Awards |       |
| Degree Upon Completion |       |  |
| Relative Class Rank |       |  |
| Internship:       | Inclusive Dates:  |
| Residency:       | Inclusive Dates: |
| USMLE Scores: |
| Part I       | Part II |       | Part III |       |
| ECFMG Certificate No. |       | ECFMG Issue Date: \_\_     \_\_\_\_\_\_\_\_  |
| **Please provide hard copies of your USMLE Scores and ECFMG Certificate (if applicable).** |

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**EXPERIENCE**

Hospital, Research, and Practical Experience (use additional sheet if necessary):

**NOTE: You may complete and submit your application electronically. However, before your application will be considered we must have the following:**

1. Completed and signed copy of the application
2. Curriculum Vitae
3. Personal Statement that delineates your career plans and gives us a brief biography
4. Hard copies of your USMLE Scores
5. A copy of your ECFMG certificate if you are a foreign medical graduate

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| Please send the completed application to:rsilverman@bsd.uchicago.eduor | Rebecca Silverman, Program CoordinatorThe University of Chicago Medicine5841 S. Maryland Ave.MC 5040, Room O-200LChicago, IL 60637-1470 |
| Contact Rebecca Silverman with questions at:Telephone: 773-702-7418  |  |

1. Three letters of recommendation addressed to Valluvan Jeevanandam, MD, Program Director, Advanced Fellowship in Cardiothoracic Transplantation Surgery and Mechanical Circulatory Support

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