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 | |
|  | | | | |
| 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).** | | | | | | | | | | | | | | | |

**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.edu](mailto:rsilverman@bsd.uchicago.edu)  or | Rebecca Silverman, Program Coordinator  The University of Chicago Medicine  5841 S. Maryland Ave.  MC 5040, Room O-200L  Chicago, 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_