



## STANFORD INTERVENTIONAL FELLOWSHIP APPLICATION



### **INSTRUCTIONS: (Please type or print)**

Application is due by **September 15** of the year prior to start of training. Please check our website (<http://cardiology.stanford.edu/interventional/fellowship.htm>) or call us at 650-725-2621 if you have questions.

### **Materials must include:**

1. Completed application form.
2. Curriculum vitae and bibliography. The CV should include your academic and employment history as well as a bibliography of abstracts, publications and presentations.
3. Statement of professional and investigative interests and goals for your training at Stanford. Please also state if you have arranged funding for your planned research.
4. All application materials, including the CV and three (3) letters of recommendation, should be mailed to: Peggisue Bingham, Stanford University, Interventional Cardiology, Room H-2103, 300 Pasteur Drive, Stanford, CA 94305-5406. You may also fax your application form, CV and statement to: 650-725-6766, ATTN: Interventional Fellowship.

**LICENSURE:** California law requires that all fellows hold a state license (or exemption from licensure for graduates of foreign medical schools outside Canada or U.S. Territories) Those who do not have such a license must take and pass the next examination following commencement of service, or obtain licensure by reciprocity with National boards or another state.

California's minimum requirements are: Each applicant for licensure shall document completion of "an allopathic medical curriculum in a medical school or schools which extended over a period of at least four (4) academic years totaling at least thirty-six (36) months of clinical rotations, including all core clinical rotations. . For further information write: Licensing Division, California Board of Medical Quality Assurance, 1430 Howe Ave., Sacramento, CA 95825.



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Starting Date  July 2003  July 2004  July 2005

If you are not accepted for your intended year, would you like to be considered for the following year? Yes

Name in Full \_\_\_\_\_  
*Last First Middle*

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
*Include country and city codes if outside US*

E-mail \_\_\_\_\_

Current Address \_\_\_\_\_  
*Street and Apt.*

\_\_\_\_\_  
*City State Zip Country*

Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

Citizenship \_\_\_\_\_ If non-US, do you have a working visa (J-1)? Yes \_\_\_\_\_ No \_\_\_\_\_

If non-US: Have you passed the USMLE exams? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Part I \_\_\_\_\_ Part II \_\_\_\_\_

Medical License(s), including state(s) \_\_\_\_\_

From whom should we expect Letters of Recommendation (3)?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**For Office Use only:**

REVIEWED  Application  CV  Letters  Statement  
 ACY  DPL  MR