

STANFORD ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY FELLOWSHIP APPLICATION

INSTRUCTIONS:

Application for clinical training is due by January 15, the year prior to start of training. Send PDF applications to: Melissa Garza, email: melgarza@stanford.edu

Materials must include:

- 1. Completed application
- 2. Curriculum vitae and bibliography
- Personal statement: statement of professional and investigative interests, and goals for your training at Stanford
- 4. Copy of green card or visa (if not US Citizen or permanent resident)
- 5. Three letters of recommendation mailed directly to Fellowship Coordinator: one from the chief of your present service (e.g. cardiology fellowship program director) and two others most familiar with your medical career and qualifications.
- 6. A small photograph

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 extend 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

| Application for Fellowship (Academic year): 6/1/20_ | 7/31/20 |
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| Name: | | | | | | |
|--------------------------------|---------------------------------|------------------|---------------------------------|--|--|--|
| Las | st First | | Middle | | | |
| Date of Birth: | Social Security Number: | | | | | |
| Address: | | | | | | |
| | | | | | | |
| Daytime Phone: | E-Mail: | | | | | |
| General cardiology fellows | nip program: | | | | | |
| If not a U.S. citizen, are you | a permanent resident? Yes | No | _ (if no, current visa and | | | |
| expiration | |) | | | | |
| Racial/Ethnic Self-Descript | ion (Voluntary: If you choose | not to answer th | is question, it will not | | | |
| Interfere with the processin | g of your application.) | | | | | |
| Check one: Black Amer | ican Indian or Alaskan Nativ | veWhite**_ | Asian or Pacific Islander | | | |
| Hispanic **Having ori | gins in any of the original peo | ples of Europe, | North Africa or the Middle East | | | |

From whom should we expect letters of recommendation?

| 1 | | | |
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| 2. | | | |
| 3. | | | |
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| Signatur | e | _Date | |