APPLICATION INSTRUCTIONS

ENDOVASCULAR CARDIOLOGY FELLOWSHIP PROGRAM AT THE MOUNT SINAI MEDICAL CENTER

PLEASE SEND ONLY THE FOLLOWING WITH YOUR APPLICATION:

1- Completed Mt. Sinai application form *(do not use any other application form)*.
2- Minimum of four (4) letters of reference dated in current year, including one (1) from your program director (maximum of five letters of reference).
3- Foreign Medical Graduates should send only one copy of your ECFMG Certificate with your application (you must have enough time remaining on your visa to allow you to complete your fellowship)
4- CV including bibliography of any publications (abstracts and manuscripts).
5- A personal statement no longer than one page in length.

Original Letters of Reference are to be mailed to:
Prakash Krishnan, MD
c/o Maria Directo
Interventional Cardiology Fellowship Training Program
Mount Sinai Medical Center
One Gustave L. Levy Place, Box 1030
New York, NY 10029

Application should be mailed only to the above address. Thank you for your cooperation and your interest in the Cardiology Fellowship Program at the Mount Sinai Medical Center.
APPLICATION FOR ENDOVASCULAR CARDIOLOGY FELLOWSHIP

Date of Application______________________________

Name__________________________________________ SS#________________________________________
  First                                           Last

Date of Birth:__________________  Place of Birth:______________________________________________

Home Address________________________________________________________________________________
___________________________________________________________________________________________

(____)_____________________________________(____)______________________________________
Work Telephone  Home Telephone

Personal Email Address:_______________________________________________________________

Hospital Address________________________________________________________________________________
___________________________________________________________________________________________

Citizenship & Immigration

Are you a US citizen? Yes_____ No_____  If no, do you have employment authorization allowing you to legally work in the US? _________

Visa Status*______________________________

*(Note: This question is to help identify your immigration needs. Non-immigrant visas are employer specific. The Mount Sinai Medical Center offers visas to eligible and qualified applicants. Please note you must have adequate time remaining on your visa to allow you to complete your fellowship)

EDUCATION

Cardiology Fellowship
Name/Location Date Service
________________________________________________________________________________________
________________________________________________________________________________________
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**Internship/Residency**

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**Medical Education**

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**Undergraduate Education**

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**Other Graduate Education**

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**AWARDS/HONORS**

- Date received
-____________________________________________________________________________________
-____________________________________________________________________________________
-____________________________________________________________________________________
-____________________________________________________________________________________

**Research Experience**  (Please identify laboratory, preceptor and include dates)

-____________________________________________________________________________________
-____________________________________________________________________________________
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-____________________________________________________________________________________
1. Do you have any impairments (physical or mental), which would interfere with your ability to perform the job for which you are applying?

2. Are you licensed to practice medicine in New York State?
   License #____________________________

3. Are you a diplomat of the Educational Commission for Foreign Medical Graduates? (Please attach copy)
   ECFMG#____________________________________

Please list those individuals whom you have asked to write letters of recommendation on your behalf (minimum of three).

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Photo Required

Signature

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