

DIVISION OF CARDIOVASCULAR MEDICINE
 FELLOWSHIP TRAINING PROGRAM
 ACADEMIC YEAR BEGINNING _____



- Heart Failure & Transplantation
 Interventional Cardiology
 Cardiac Electrophysiology

PERSONAL INFORMATION:

Last Name	
First Name	
Middle Name	
Name you prefer to be called	
Date of Birth	
Place of Birth (Country, City, & County or Province)	
Social Security Number	
Citizenship	
Type of VISA	
Permanent Mailing Address	
Daytime Phone	()
Pager or Beeper Number	()
Home Phone	()
Fax Number	()
Email Address	
Do you have a Texas License?	No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes, please include copy)

EDUCATION:

College	Location	Dates Attended	Degree

Medical School	Location	Dates Attended	Degree

Internship	Chief of Service	Dates Attended

Residency	Chief of Service	Dates Attended

RESEARCH INTERESTS:

PRELIMINARY EXPERIENCE OR TRAINING PERTINENT TO THIS FELLOWSHIP:

HONORS AND AWARDS

PROFESSIONAL REFERENCES

(Please include three letters of recommendation **with** your application. One letter must be from your current Program Director).

Authorization to Request Information; Authorization to Release Information

By my signature below, I hereby release and hold harmless from any liability or loss The University of Texas System, The University of Texas Health Science Center at Houston (“UT-Houston”), their officers, agents, employees and members for communications and related acts performed in good faith and without malice in connection with UT-Houston’s evaluation of my application, credentials, and other qualifications.

Additionally, I hereby authorize release of accurate and complete information by any and all individuals and organizations, including their officers, agents, employees and representatives, and release them from any liability for any and all good faith communications with and to UT-Houston concerning my professional competence, ethical conduct, character, and other qualifications for fellowship.

Signature of Applicant

Date

Printed or typed name of applicant

Deadlines for receipt of **all** application materials
Applications postmarked after these dates will not be considered

Clinical Cardiac Electrophysiology **April 1st**
Interventional Cardiology **April 1st**
Heart Failure **April 1st**

Mail completed application packets to:

Cardiology Education Office
University of Texas Medical School
6431 Fannin, MSB 1.246
Houston, Texas 77030
Phone (713) 500-6577

Email: Carol.Mateo@uth.tmc.edu

Visit the Division of Cardiovascular Medicine online at:
www.utcardiovascular.com

Visit The University of Texas Medical School in Houston online at:
www.uth.tmc.edu

Application Checklist:

- Completed application form
- Photograph (please sign back)
- Personal Statement
- Curriculum Vitae
- Reference Letter from current program director
- Second peer reference letter
- Third peer reference letter
- Notarized copy of Medical School Diploma (*See special considerations A noted below)
- Notarized copy of Medical School Transcript (*See special considerations A and B noted below)
- Notarized copy of ECFMG Certificate (if applicable, see A noted below)
- Copy of Texas License (if applicable)
- Copy of publications and/or abstracts (if applicable)
- Application fee \$35.00 money order (Payable to University of Texas-Division of Cardiology)

(Special Considerations)

- A. Any document which is in a language other than English must be accompanied by a translated document which must be translated by an official translator and notarized. Thus, both the original language document and the translated document must be notarized. An official translation from the medical school (or appropriate agency) attached to the foreign language document is acceptable. Documents must be translated by a government official, an official translation agency, or a college or university official. The translation must be on official letterhead, and the translator must verify that it is a "true translation" to the best of his/her knowledge, and that he/she is fluent in the language, and is qualified to translate. The translation must be signed in the presence of a notary public and then notarized. The translator's name must be printed below his/her signature. The notary public must use this phrase: "Subscribed and Sworn to this ___ day of ____, 200__." The Notary must then sign and date the translation, and affix his/her notary seal to the document.

Notarizations

Please notarize documents you submit with your application as follows or they will be returned:

- A **copy** of a document as a "True Copy of the Original"
- An **affidavit/statement** as "Subscribed and Sworn to"
- The notary must then sign, date and affix his/her notary seal to the document
- Documents cannot be notarized by a relative
- Documents should be **NO LARGER** than 8 ½" x 11"

B. Transcript Guidelines for International Medical School graduates.

Transcript must account for the following courses:

Basic Sciences

- Biochemistry
- Biology/Histology²
- Gross Anatomy³
- Immunology/Microbiology⁵
- Neuroscience⁶
- Pathology
- Pharmacology
- Physiology

Clinical Sciences/Clerkship

- Family Medicine¹
- Internal Medicine
- Introduction to Patient/Physician Examination⁴
- Obstetrics/Gynecology
- Neurology
- Pediatrics
- Psychiatry
- Surgery

1 Community Medicine or Emergency Medicine will satisfy this requirement

2 Completion of both Biology and Histology taken separately will satisfy the requirement. A course titled (or encompassing) Microanatomy will satisfy the histology requirement.

3 Human Anatomy or Morphology will satisfy this requirement

4 Because this should be a component of each clinical clerkship, there is no need to find a course with this exact title

5 Completion of both Immunology and Microbiology taken separately will satisfy this requirement

6 Neuroanatomy that is included as a part of Anatomy (basic science) in combination with Neurology (clinical clerkship) satisfies this requirement.

Send all required documentation per the above list in one package

Do not mail reference letters separately

Please limit reference letters to no more than 4 letters

Dean's letter is not required

Application processing fee must be made by money order or personal check

DOCUMENTS REQUIRED FOR INSTITUTIONAL PERMITS FOR FOREIGN MEDICAL GRADUATES APPLYING FOR RESIDENCY OR FELLOWSHIP POSITION

THE TEXAS STATE BOARD OF MEDICAL EXAMINERS REQUIRES THE FOLLOWING DOCUMENTS FOR INSTITUTIONAL LICENSURE IN TEXAS. YOU MUST BRING THE ORIGINAL DOCUMENTS AND ONE SET OF 8-½ INCH BY 11-INCH PHOTOCOPIES THAT ARE NOTARIZED AS “TRUE COPIES OF THE ORIGINAL”. PLEASE REMEMBER THAT IN ORDER TO BE CONSIDERED FOR A RESIDENCY OR CLINICAL FELLOWSHIP POSITION, ALL OF THE REQUIREMENTS MUST BE MET BEFORE A PROGRAM CAN EITHER RANK YOU OR OFFER YOU A POSITION.

- 1. MEDICAL SCHOOL DIPLOMA AND CERTIFIED TRANSLATION IF NOT IN ENGLISH.**
- 2. MEDICAL SCHOOL TRANSCRIPT AND CERTIFIED TRANSLATION IF NOT IN ENGLISH. MUST SHOW GRADES OBTAINED IN MEDICAL SCHOOL (I.E. MARKS, STATEMENT SHEETS) YOU MUST SHOW ACTUAL GRADES.**
- 3. Separate Transcript of Medical School Clerkships showing actual hours**
- 4. VALID ECFMG CERTIFICATE (MUST HAVE VALID THROUGH DATES STAMPED AT THE BOTTOM, OR CAN BE VALIDATED INDEFINITELY)**
- 5. DEAN’S LETTER AND CERTIFIED TRANSLATION IF NOT IN ENGLISH**
- 6. MARRIAGE CERTIFICATE OR LEGAL NAME CHANGE DOCUMENTATION IF THERE IS A CHANGE OF NAME FROM THAT ON DOCUMENTS ABOVE ALONG WITH A CERTIFIED ENGLISH TRANSLATION.**
- 7. PROVIDE A CURRENT MAILING ADDRESS FOR YOUR MEDICAL SCHOOL(S) YOU ATTENDED.**

If any documents are not in the English language, the applicant shall furnish an official, word-for-word translation of each document. A translation is defined as one that a government official, official translation agency, or college or University Official performs which is on the official letterhead of that official agency. The translator must certify that it is a true translation to the best of his/her knowledge, that he/she is fluent in the language, and that he/she is qualified to translate original documents. The translator must sign his/her name and place their title under the signature. Certified copies: Notarized photocopies certifying that these are “true copies” of the original documents. The notary must sign each document.