



Department of Medicine

Application for the Emory Structural Heart and Valve Disease Interventional Cardiology Fellowship

RETURN COMPLETED APPLICATION TO:

Dr. Isida Byku
isida.byku@emory.edu
and Program Coordinator
Lauren Wheeler Roberts,
lmwheeler@emory.edu

Instructions: Please complete this application and return via email to Ms. Wheeler Roberts and Dr. Byku. The following items are also required with your application:

- An updated Curriculum Vitae detailing training, relevant experience, scholarly activity, awards and accomplishments
- A brief personal statement or cover letter outlining why you are interested in structural heart disease and your career goals
- Your USMLE/COMLEX transcript(s)
- Your ECFMG Certificate (if applicable)
- A recent photograph
- 3 letters of recommendation

Name _____ Gender _____
Last First Middle

Email Address _____ Date of Birth _____

Telephone Numbers: Cell _____ Alternate _____

Mailing Address: _____

Licensed to practice in Medicine in State (s) of _____ License No _____ Expiration: _____

NPI Number: _____ AAMC ID _____ Social Security Number: _____

USMLE
_____ Step 1 _____ Step 2 _____ Step 3

COMLEX
_____ Level 1 _____ Level 2 _____ Level 3

Are you a Foreign Medical Graduate? Yes No If Yes, do you have a ECFMG certificate? Yes No

Certificate Date _____ Certificate Number _____

Are you a US Citizen? Yes No If no, list VISA type and expiration date: _____

Will you need VISA Sponsorship for fellowship? Yes No If yes, list VISA type: _____

Proof of U.S. citizenship or eligibility for U.S. employment will be required upon hire in accordance with regulation established pursuant to the Immigration Reform and Control Act of 1986.

Is funding from an outside source available? Source and amount of grant _____

EDUCATION

Premedical/preosteopathic _____ Dates _____ Degree _____

Other _____ Dates _____ Degree _____

Medical/Osteopathic _____ Dates _____ Degree _____

Internship _____ Dates _____ Degree _____
Hospital _____ Program Director _____

RESIDENCY

_____ Dates _____ Degree _____
Hospital _____ Program Director _____

_____ Dates _____ Degree _____
Hospital _____ Program Director _____

FELLOWSHIP(S)

_____ Dates _____ Degree _____
Hospital _____ Program Director _____

_____ Dates _____ Degree _____
Hospital _____ Program Director _____

PREVIOUS EMPLOYMENT (professional or scientifically related)

Place _____ Dates _____

Duties _____

Place _____ Dates _____

Duties _____

Scholastic Societies _____

Honors and Awards _____

REFERENCES

Provide at least (3) three letters of reference. Reference letters should be received directly from your references, preferably via email. Please list contact info including email and preferably cell phone number.

1. _____
Name Title Email/Phone number

2. _____
Name Title Email/Phone number

3. _____
Name Title Email/Phone number

Please answer the following questions. If you answer yes to any of the following, please include a letter with a detailed description, as well as supportive documentation.

Has your medical license ever been suspended/revoked/voluntarily terminated?

Have you been named in a malpractice case?

Is there anything in your history that would limit your ability to be licensed or would limit your ability to receive hospital privileges?

Have you ever been convicted of a misdemeanor?

Have you ever been convicted of a felony?

I certify that the information I have provided on this application is true and accurate:

Date: _____ Signature: _____