ACHD Common Application

Thank you for your interest in pursuing a fellowship in Adult Congenital Heart Disease. For a list of programs that accept this ACHD Common Application, please refer to the ACC’s ACHD Training Program Directory:

<http://www.acc.org/membership/sections-and-councils/adult-congenital-and-pediatric-cardiology-section/resources/achd-training-program-directory>

|  |
| --- |
| Attach photo here  (or email jpeg file) |

Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Last name | First name | Middle initial | Suffix |
| Birth place | | Date of birth | |
| Social security number | | Gender | |
| Languages spoken | | Fluency | |

Contact information

|  |  |  |  |
| --- | --- | --- | --- |
| Street | City | State | Zip |
| Preferred phone number | Alternate phone number | | |
| Email address | | | |

Citizenship/Visa status

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Citizenship status | US citizen | Foreign national | | Permanent resident | Conditional permanent resident | |
| Current visa type  (for foreign nationals) | J1 Visa for exchange visitor | | H-1B Specialty occupation | | | Other |
| Expected visa type during ACHD training |  | | | | | |

MEDICAL LICENSURE

|  |  |  |
| --- | --- | --- |
| ACLS expiration date | PALS expiration date | DEA number |

Board certifications (e.g., pediatrics, medicine, echo, etc.)

|  |  |  |
| --- | --- | --- |
| Exam | Month/year passed | Certification exp date |
| Exam | Month/year passed | Certification exp date |
| Exam | Month/year passed | Certification exp date |
| Exam | Month/year passed | Certification exp date |
| Exam | Month/year passed | Certification exp date |
| Exam | Month/year passed | Certification exp date |

State licenses

|  |  |  |  |
| --- | --- | --- | --- |
| State | License number | Expiration date | Type  Full  Limited  Expired |

|  |  |  |  |
| --- | --- | --- | --- |
| State | License number | Expiration date | Type  Full  Limited  Expired |

|  |  |  |  |
| --- | --- | --- | --- |
| State | License number | Expiration date | Type  Full  Limited  Expired |

|  |  |  |  |
| --- | --- | --- | --- |
| State | License number | Expiration date | Type  Full  Limited  Expired |

|  |  |
| --- | --- |
| Has your medical license ever been suspended, revoked, or voluntarily terminated? | Yes  No |
| Have you ever been named in a malpractice case? | Yes  No |
| Is there anything in your past history that would limit your ability to be licensed or receive hospital privileges? | Yes  No |
| Have you ever been convicted of a misdemeanor or felony in the United States? | Yes  No |

If you answered yes to any of the above 4 questions, please explain:

UNDERGRADUATE, GRADUATE, and medical EDUCATION

|  |  |  |
| --- | --- | --- |
| Institution | | |
| Degree | Start date (month/year) | End date (month/year) |
| City | State | Country |

|  |  |  |
| --- | --- | --- |
| Institution | | |
| Degree | Start date (month/year) | End date (month/year) |
| City | State | Country |

|  |  |  |
| --- | --- | --- |
| Institution | | |
| Degree | Start date (month/year) | End date (month/year) |
| City | State | Country |

|  |  |  |
| --- | --- | --- |
| Institution | | |
| Degree | Start date (month/year) | End date (month/year) |
| City | State | Country |

|  |  |  |
| --- | --- | --- |
| Institution | | |
| Degree | Start date (month/year) | End date (month/year) |
| City | State | Country |

Was your medical education interrupted or extended?  Yes  No

If yes, please provide details:

graduate medical education training

For each residency, fellowship, or osteopathic training position you have held or currently are in, regardless of amount of time spent there, please provide the requested information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training program | | Institution | | |
| City/State | Country (if not U.S.) | PGY Years | Start date | End date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training program | | Institution | | |
| City/State | Country (if not U.S.) | PGY Years | Start date | End date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training program | | Institution | | |
| City/State | Country (if not U.S.) | PGY Years | Start date | End date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training program | | Institution | | |
| City/State | Country (if not U.S.) | PGY Years | Start date | End date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training program | | Institution | | |
| City/State | Country (if not U.S.) | PGY Years | Start date | End date |

EXAminations

Please include USMLE Steps 1, 2CK, 2CS, and 3 if you graduated from an allopathic or foreign medical school, or COMLEX Level 1, 2CE, 2PE, and 3 if you graduated from an osteopathic medical school.

|  |  |  |  |
| --- | --- | --- | --- |
| Exam (ex USMLE step 1, COMLEX step 1) | Date (month/year) | Score | Pass  Fail |
| Exam (ex USMLE step 1, COMLEX step 1) | Date (month/year) | Score | Pass  Fail |
| Exam (ex USMLE step 1, COMLEX step 1) | Date (month/year) | Score | Pass  Fail |
| Exam (ex USMLE step 1, COMLEX step 1) | Date (month/year) | Score | Pass  Fail |
| Exam (ex USMLE step 1, COMLEX step 1) | Date (month/year) | Score | Pass  Fail |
| Exam (ex USMLE step 1, COMLEX step 1) | Date (month/year) | Score | Pass  Fail |

For international medical graduates, month/year of ECFMG certification:

work/VOLUNTEER experience

Please list paid work experiences in reverse chronological order with most recent experiences first, followed by unpaid volunteer experiences (also in reverse chronological order).

|  |  |  |
| --- | --- | --- |
| Employer | City, state, country (if not US) | Start/End dates (month/year) |
| Position/Title | Type  Work  Volunteer | |
| Description | | |

|  |  |  |
| --- | --- | --- |
| Employer | City, state, country (if not US) | Start/End dates (month/year) |
| Position/Title | Type  Work  Volunteer | |
| Description | | |

|  |  |  |
| --- | --- | --- |
| Employer | City, state, country (if not US) | Start/End dates (month/year) |
| Position/Title | Type  Work  Volunteer | |
| Description | | |

|  |  |  |
| --- | --- | --- |
| Employer | City, state, country (if not US) | Start/End dates (month/year) |
| Position/Title | Type  Work  Volunteer | |
| Description | | |

|  |  |  |
| --- | --- | --- |
| Employer | City, state, country (if not US) | Start/End dates (month/year) |
| Position/Title | Type  Work  Volunteer | |
| Description | | |

|  |  |  |
| --- | --- | --- |
| Employer | City, state, country (if not US) | Start/End dates (month/year) |
| Position/Title | Type  Work  Volunteer | |
| Description | | |

Research experience

|  |  |  |
| --- | --- | --- |
| Mentor/Institution | City, state, country (if not US) | Start/End dates (month/year) |
| Position/Title | | |
| Description of research | | |

|  |  |  |
| --- | --- | --- |
| Mentor/Institution | City, state, country (if not US) | Start/End dates (month/year) |
| Position/Title | | |
| Description of research | | |

|  |  |  |
| --- | --- | --- |
| Mentor/Institution | City, state, country (if not US) | Start/End dates (month/year) |
| Position/Title | | |
| Description of research | | |

|  |  |  |
| --- | --- | --- |
| Mentor/Institution | City, state, country (if not US) | Start/End dates (month/year) |
| Position/Title | | |
| Description of research | | |

|  |  |  |
| --- | --- | --- |
| Mentor/Institution | City, state, country (if not US) | Start/End dates (month/year) |
| Position/Title | | |
| Description of research | | |

PEER REVIEWED PUBLICATIONS

Please list publications of the following types, and specify which type after each entry (or attach separate document if additional space needed):

* Peer reviewed journal articles, published
* Articles submitted, accepted, or in-press
* Book chapter
* Scientific monograph
* Other articles
* Peer reviewed online publication
* Non peer reviewed online publication

NON-PEER REVIEWED PUBLICATIONS

Please list publications of the following types, and specify which type after each entry (or attach separate document if additional space needed):

* Journal articles, published
* Articles submitted, accepted, or in-press
* Scientific monograph
* Other articles
* Non peer reviewed online publication

ABSTRACTS/PRESENTATIONS

Please list poster presentations/oral presentations, and associated abstract publications (i.e. ACC abstract/poster also published in JACC abstracts issue)

Honors/AWARds/Scholarships

Professional organization memberships

HOBBIES/interests

Letters of recommendation

Please see individual program requirements for numbers of letters required.

|  |  |
| --- | --- |
| Name | Email address |
| Institution | Assistant (optional) |
| Title | Assistant contact info (optional) |

|  |  |
| --- | --- |
| Name | Email address |
| Institution | Assistant (optional) |
| Title | Assistant contact info (optional) |

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| Name | Email address |
| Institution | Assistant (optional) |
| Title | Assistant contact info (optional) |

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| --- | --- |
| Name | Email address |
| Institution | Assistant (optional) |
| Title | Assistant contact info (optional) |

I hereby certify that the information contained in my application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position, or may constitute cause for termination from the program. I agree to notify the program(s) receiving this application if there are any updates in the above information.

Applicant’s Signature Date (mm/dd/yyyy)Personal statement. Please limit to one page.