



STANFORD INTERVENTIONAL CARDIOLOGY FELLOWSHIP APPLICATION



INSTRUCTIONS: We are currently accepting applications for the 2018-2019 academic year. If you are interested in applying please follow the instructions below:

This year we will begin the interviewing process in January, 2018. If you have any questions, please contact interventionalfellowship@lists.stanford.edu

Materials must include:

1. Completed application form
2. Curriculum Vitae and bibliography. The CV should include your academic and employment history as well as a bibliography of abstracts, publications and presentations.
3. Statement of professional and investigative interests and goals for your training at Stanford. Please also state if you have arranged funding for your planned research.
4. All application materials, including CV and three (3) letters of recommendation, should be mailed to David P. Lee, MD, Stanford University Interventional Fellowship, 300 Pasteur Dr. Rm. H2103, Stanford, CA 94305-5218 Attn: Interventional Cardiology Fellowship Program.

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 extended over a period of a least four (4) academic years totaling at least thirty-six (36) months of clinical 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**



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ACADEMIC YEAR [] 2018-2019 [] 2019-2020 [] 2020-2021

Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

Address: _____

City State Zip Country

Daytime Phone: _____ Evening phone: _____

Email: _____

Citizenship: _____

If non-U.S. citizen, do you have a working visa (J-1)? Yes _____ No _____

If non-U.S. citizen, have you passed the USMLE exams? Yes _____ No _____

If yes, when? Part I: _____ Part II: _____

Medical License(s) _____ including state(s) _____

Who should we expect Letters of Recommendations from? (3 recommendation letters)

- 1 _____
2 _____
3 _____

Signature _____ Date _____

For Office Use Only: _____ Application _____ CV _____ Letters _____ Statement
Reviewed By: _____ Yeung _____ Lee _____ Fearon _____ Tremmel