



Interventional Cardiology Fellowship Application

Fellowship to begin July 1, _____ Date of Application: _____

Applications accepted until September 15 for fellowship starting the following year.

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Birthplace: _____

Citizenship: _____ Visa (NON USA): _____

Education and Employment

	Name and Location	Start Date	Finish Date	Degree	Training Program Director
Current Position (if not currently in a fellowship)					
Cardiology Fellowship					
Internal Medicine Residency					
Internship					
Medical School					
Undergraduate College					

Certification

State License / Number: _____ Expiration Date: _____

E.C.F.M.G.: _____ Date: _____

ABIM Internal Medicine: _____ Date: _____

ABIM Cardiovascular Disease: _____ Date: _____

Have any medical licenses or hospital privileges ever been suspended or revoked?

Yes / No: _____ If yes, explain: _____

Documentation Required to Apply:

- Curriculum Vitae (include publications and presentations)
- Personal Statement (include training goals and future plans)
- Letters of Recommendation (minimum of 3):
 1. Cardiology Fellowship Program Director
 2. Cardiac Catheterization Lab Director
 3. Another Cardiologist who knows you and your abilities well.
- Attach Recent Photograph Here

Signature: _____ Date: _____

Send Application and all Supporting Materials to:

Christopher D. Nielsen, M.D. Director, Interventional
Cardiology Fellowship Program MUSC Cardiology Division
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