



ADVANCED FELLOWSHIP PROGRAM APPLICATION

Please choose one:

- Structural Heart Disease
- Endovascular Intervention
- Interventional Echocardiography
- Complex Coronary Intervention

Post-Graduate Training in Interventional Cardiology			
Last Name	First Name	Middle Initial	
Street		Apt #	
City	State	Zip Code	
Country			
Daytime Phone		Evening Phone	
/ /	/ /		Y N
Date of Birth	Place of Birth (City/State)		U.S. Citizenship
Social Security Number		Country of Citizenship	
Resident	Temporary	Exchange Visitor (J1)	Other (Specify):
Please Select Visa Category, if applicable			
Hospital		Street	
City	State	Country	Zip Code
Hospital Telephone		Pager #	
/ /		/ /	
College/University		Graduation Date	Degree
/ /		/ /	
Medical School		Graduation Date	Degree

Internship (Hospital)		Dates	Type	
Previous Residency (Hospital)		Dates	Type	
Previous Residency (Hospital)		Dates	Type	
Fellowship Training		Dates	Type	
Other Medical Training		Dates	Type	
Any Permanent License (if any) numbers			Year(s) Issued	
USMLE/ECFMG Scores	Step 1	Step 2	Step 2 CS	Step 3
<hr/> (signature above)				
I hereby certify the above information is complete and accurate				

Please submit all documents as one pdf or document, electronically:

1. Cover letter stating:
 - Career goals
 - Areas of specific clinical/research interests
 - Number of years of advanced training desired
2. Passport sized photograph
3. Curriculum Vitae
4. Diplomas & Licenses
5. USMLE results (hard copy)
6. ECFMG certificate (if applicable): www.ecfm.org/certification/
7. Minimum four (4) letters of recommendation, including from your current Division Chief, Director of the Catheterization Lab (if applying for Endovascular, Structural, or Complex Coronary Intervention fellowships), Director of Echocardiography lab (if applying for Interventional Echocardiography fellowship), and Training Director at your current hospital
8. All international applicants must apply for FCVS Certification : <https://portal.fsmb.org/MyFmb/>
9. U.S. applicants *must* be eligible to apply for permit or NY State medical license.
10. International applicants *must* be eligible to apply for a limited permit: www.op.nysed.gov/prof/med/medic.html

Contact: Katherine Malave, Fellowship Program Manager @
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