

**Ahmanson/UCLA Adult Congenital Heart Disease Center  
Department of Medicine**

**INITIAL APPLICATION FORM**

NAME \_\_\_\_\_  
(LAST) (FIRST)

ADDRESS \_\_\_\_\_  
(STREET) (CITY, STATE, ZIP CODE)

TELEPHONE \_\_\_\_\_  
HOME RESIDENCE HOSPITAL

EMAIL \_\_\_\_\_ U.S. CITIZEN? Yes \_\_\_ No \_\_\_

If "No", list VISA type: \_\_\_\_\_ Exp. \_\_\_\_\_

REQUESTED VISITATION DATES \_\_\_\_\_

EDUCATION & TRAINING (List Institution and Location, Specialization and Dates)

COLLEGE \_\_\_\_\_

MEDICAL SCHOOL \_\_\_\_\_

INTERNSHIP \_\_\_\_\_

RESIDENCY \_\_\_\_\_

FELLOWSHIP \_\_\_\_\_

RESEARCH EXPERIENCE \_\_\_\_\_

CURRENT LICENSURE \_\_\_\_\_  
STATE TYPE NUMBER ISSUED

Return application to:  
Yvonne Jose, Administrative Manager  
Ahmanson/UCLA Adult Congenital Heart Disease Center  
Division of Cardiology  
A2-237 Center for the Health Sciences  
Los Angeles, California 90095  
Fax: (310) 825-6346