
Heart Failure/Transplant Cardiology Fellowship Program Application

UCLA Division of Cardiology

David Geffen School of Medicine at UCLA

Personal Information

Name

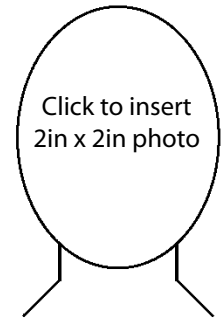
Address

City State Zip Code

Phone Email

Pager SSN

Date of Birth



* Photo is optional

US Citizen * Permanent Resident *Visa Status:

*Please provide a copy of your permanent resident card or visa, ECFMG certificate and Letter of Evaluation (Please see ** below)

Medical License State License #

Education

	Name	From	To
College	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Internship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residency	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fellowship	<input type="text"/>	<input type="text"/>	<input type="text"/>

****LICENSURE:** To be eligible to be a UCLA house officer, you must be eligible to obtain a California Medical License. <http://www.mbc.ca.gov/applicant/Index.html>

Any document, which is in a language other than English, must be accompanied by a translated document, which must be translated by an official translator and notarized. Thus, both the original language document and the translated document must be notarized.

*Please submit the following:

- 1) **PERSONAL STATEMENT:** Summarize your clinical and research accomplishments. Indicate the clinical and research areas you wish to pursue in the Cardiology Fellowship Program. Discuss the basis of your interest and the role you expect clinical education to have in your long-term career. What do you want to accomplish in the Heart Failure/Transplant Cardiology Fellowship Program? LIMIT: 3 pages, size 10 font.
- 2) **CURRICULUM VITAE**
- 3) **LETTERS OF RECOMMENDATION:** Three (3) letters of recommendation are required. One (1) letter preferably from your current program director. The letters are to be mailed separately by your evaluators.
- 4) **TRANSCRIPTS:** Graduate, Medical and Undergraduate. Photocopies of transcripts are acceptable.
SCORES: USMLE, ABIM, or other applicable scores. Photocopies of scores are acceptable.
- 5) **REPRINTS OF PUBLICATIONS:** Photocopies of reprints are acceptable
- 6) **MEDICAL STUDENT PERFORMANCE RECORD (DEAN'S LETTER OR EQUIVALENT):**
If you are an international medical school graduate ONLY!

I certify that the above information and any other information furnished by me during the application process is true and accurate. I understand that having supplied inaccurate, false or misleading information may be grounds for rejection of my application or for immediate dismissal from the fellowship program, if I am accepted. Furthermore I fully and completely understand that I will be subject to all other applicable hospital policies and procedures and that violation of any of these may result in release from the program.

Signature

Date

Incomplete applications will not be reviewed. Interviews are scheduled by invitation only.

Please return application and requested documents to:

UCLA HF/TX Cardiology Fellowship Program
650 Charles E. Young Drive South
A2-237 Center for the Health Sciences
Los Angeles, CA 90095-3075

UCLA HF/TX Cardiology Fellowship Program
Kristie A. Wong
<mailto:kawong@mednet.ucla.edu>