



525 East 68 Street
New York, NY 10065

Application for Fellowship Clinical Cardiac Electrophysiology

Starting date _____

A photograph
would be
appreciated but
is not required.

Name: _____ Social Security No. _____
Last First Middle

Permanent Address: _____ Tel: _____
Street City State Zip Code

Present Address: _____ Tel: _____
Street City State Zip Code

Present address valid until (date): _____

Cellular: _____ Pager: _____ E-mail Address: _____

US Citizen? Yes ___ No ___ / Citizen of _____ Visa status: _____

Birthdate: _____ Birthplace: _____

Have you a New York State medical license? Yes ___ No ___ Number: _____

Have you a medical license in any other state(s)? State(s): _____ Number: _____

Have you a temporary certificate in lieu of NY State license? Yes ___ No ___ Expiration Date: _____

If a graduate of a foreign medical school (except Canadian), complete the following:

ECFMG #: _____ Type/date of certificate _____ Expiration Date: _____

Education/Training

Please indicate institutions, inclusive dates of attendance, degrees

High school _____

College/Univ. _____

Medical school _____

Residency _____

Fellowship _____

Investigative work in medicine with titles and publication of papers, if any (or attach CV):

References

You are requested to arrange for letters of recommendation to be sent directly by each of three faculty members who have personal knowledge of your professional and personal qualifications. One of these letters should come from the service chief under whom you most recently served.

Faculty members who have been requested to send a letter of recommendation:

Name	Address	Contact Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Applicant's Signature: _____ Date: _____

A complete application must include:

- This application form
- Curriculum Vitae
- Personal statement
- 3 letters of recommendation

These materials should be addressed to:

Dr. Jim Cheung
Clinical Cardiac Electrophysiology Training Program
NewYork-Presbyterian Hospital / Weill Cornell Medical Center
520 East 70th Street, ST-4
New York, NY 10021

Decisions about acceptance into the fellowship will be made on a rolling basis.

Best way to contact you:

- ___ e-mail
- ___ cell phone
- ___ home telephone/answering machine _____
- ___ pager
- ___ through department, office, or lab _____ Ext: _____