



UNIVERSITY OF CALIFORNIA SAN FRANCISCO  
SCHOOL OF MEDICINE

**Application for Adult Echocardiography and Advanced Imaging Programs 2023-2024**

Director of Echocardiography Fellowship Program:  
Theodore P. Abraham, M.D., F.A.C.C., F.A.S.E  
Echocardiography Laboratory Director  
Clinical Chief of Cardiology  
Meyer Friedman Distinguished Professor of Medicine

RETURN COMPLETED APPLICATION TO:

Salina Gu	Michael Stover
Fellowship Programs Manager	Associate Fellowship Coordinator
(415) 502-1115	(415) 514-7288
<a href="mailto:salina.gu@ucsf.edu">salina.gu@ucsf.edu</a>	<a href="mailto:michael.stover@ucsf.edu">michael.stover@ucsf.edu</a>

**PLEASE TYPE**

Please review the program qualifications at <https://ucsfhealthcardiology.ucsf.edu/education-training/fellowship-programs/echocardiography-and-advanced-imaging-fellowship-programs> and indicate the program you are applying to below:

- ☐ Advanced Echocardiography
- ☐ Advanced Non-Invasive Cardiovascular Imaging
- ☐ Echocardiography Training

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Middle

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Numbers: Cell \_\_\_\_\_ Alternate \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Licensed to practice in Medicine in State (s) of \_\_\_\_\_ License No \_\_\_\_\_ AAMC ID \_\_\_\_\_

**USMLE SCORE:**

\_\_\_\_\_ Part I \_\_\_\_\_ Part II \_\_\_\_\_ Part III

Are you a Foreign Medical Graduate? ☐ Yes ☐ No If Yes, do you have an ECFMG certificate? ☐ Yes ☐ No

Certificate Date \_\_\_\_\_ Certificate Number \_\_\_\_\_

Will you need VISA Sponsorship for fellowship? ☐ Yes ☐ No If yes, list VISA type: \_\_\_\_\_

Proof of U.S. citizenship or eligibility for U.S. employment will be required upon hire in accordance with regulation established pursuant to the Immigration Reform and Control Act of 1986.

Is funding from an outside source available? Source and amount of grant \_\_\_\_\_

**EDUCATION**

Premedical/preosteopathic \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
Other \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
Medical/Osteopathic \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
Internship \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
Hospital \_\_\_\_\_ Program Director \_\_\_\_\_

**RESIDENCIES**

\_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
Hospital \_\_\_\_\_ Program Director \_\_\_\_\_  
\_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
Hospital \_\_\_\_\_ Program Director \_\_\_\_\_

**FELLOWSHIPS**

\_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
Hospital \_\_\_\_\_ Program Director \_\_\_\_\_  
\_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
Hospital \_\_\_\_\_ Program Director \_\_\_\_\_

**LANGUAGE SKILLS OTHER THAN ENGLISH** (list languages and place an X in the appropriate area)

Language _____	Excellent      Good      Fair			Language _____	Excellent      Good      Fair		
Read _____	_____	_____	_____	Read _____	_____	_____	_____
Speak _____	_____	_____	_____	Speak _____	_____	_____	_____
Understand _____	_____	_____	_____	Understand _____	_____	_____	_____

**PREVIOUS EMPLOYMENT** (professional or scientifically related)

Place \_\_\_\_\_ Dates \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Place \_\_\_\_\_ Dates \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Scholastic Societies \_\_\_\_\_

Honors and Awards \_\_\_\_\_

**CAREER GOALS AND PROFESSIONAL PLANS:** (please attach CV)

Describe career goals or professional plans for the future. Why have you chosen a career in echocardiography? What are your clinical and research objectives? What are your plans after completion of fellowship training? (Please use the space below or attach a separate personal statement)

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**REFERENCES**

Provide (3) three letters of reference. Note: Preference is to receive directly from your references.

1.	<hr/>	<hr/>	<hr/>
	Name	Title	Address
2.	<hr/>	<hr/>	<hr/>
	Name	Title	Address
3.	<hr/>	<hr/>	<hr/>
	Name	Title	Address

**ETHNIC BACKGROUND:** (please check one or more that apply below)

- ☐ American Indian or Alaskan Native
- ☐ Hispanic, Latino or of Spanish Origin
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other \_\_\_\_\_

- ☐ Asian
- ☐ Bangladeshi
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Indian
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian / Hmong
- ☐ Pakistani
- ☐ Taiwanese
- ☐ Vietnamese
- ☐ Other Asian \_\_\_\_\_

Decline to Answer

## PRIVACY NOTIFICATION STATEMENT

The information collected is used to satisfy the educational mission of the University and its legal obligations, including determination of eligibility, assessment, and evaluation of professional qualifications.

With the exception of the Affirmative Action data, all information requested is mandatory. If the information is not provided, the application will be deemed incomplete and not considered by the Program. The information you provide will be reviewed by the Departmental Residency selection committee and may be released pursuant to applicable Federal or State law. The privacy of your file will be the responsibility of the Department.

Individuals have the right to review their own record in accordance with the information Practices Act and University policy. Information on these policies may be obtained from the training Program to which you have applied and where your file is maintained.

I hereby authorize representatives of the School of Medicine to contact any of all of my former employers, educational institutions attended, or other persons or organizations determined to have information relevant to my application for clinical training. I further consent to such persons and organizations releasing relevant information to the School of Medicine, notwithstanding that it might otherwise be confidential. I understand that any information obtained by the School of Medicine will be treated as confidential personal information. I hereby certify that I have read and understood all statements and questions on this application and that my responses are true and complete to the best of my knowledge. If employed, I understand that falsification of this record may be considered cause for my termination.

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**Signature of Applicant**

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**Date**