

### Application for Structural Interventional Fellowship 2023-2024

Vaikom Mahadevan, M.D.
Director, Structural Interventional Fellowship Program
Director, Structural and Adult Congenital Cardiac Interventions
William W. Parmley Endowed Chair in Cardiology
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RETURN COMPLETED APPLICATION TO: Salina Gu Cardiology Fellowship Programs Manager (415) 502-1115 salina.gu@ucsf.edu

Michael Stover Fellowship Coordinator (415) 514-7288 michael.stover@ucsf.edu

#### PLEASE TYPE

Name		Gender				
Last	First	Middle		_		
Email Address		Date of Birth		_		
Telephone Numbers: Cell		Alternate		_		
Work Mailing Address:				_		
Home Mailing Address:				_		
Licensed to practice in Medi	cine in State (s) of	License No	AAMC ID	_		
USMLE SCORE:						
Part 1	Part II	Part III				
Are you a Foreign Medical C	Graduate? ☐ Yes ☐ No	If Yes, do you have a ECF	MG certificate? $\square$ Yes $\square$ No			
Certif	icate Date	Certificate Nui	mber			
Will you need VISA Sponsor	rship for fellowship? $\Box$ Yes	☐ No If yes, list VISA type:				
Proof of U.S. citizenship or eto the Immigration Reform a		nt will be required upon hire	in accordance with regulation estab	olished pursuan		
Is funding from an outside se	ource available? Source an	d amount of grant				

## **EDUCATION**

Premedical/preosteop	athic				Dates		Degree_	
Other					Dates		Degree_	
Medical/Osteopathic_					Dates		Degree_	
Internship Hospital			Prog	ram Director	Dates		Degree_	
RESIDENCIES								
Hospital			Prog	ram Director	Dates		Degree_	
Hospital			Prog	ram Director	Dates		Degree_	
<u>FELLOWSHIPS</u>					Dates		Degree	
Hospital			Prog	ram Director	Dates		Degree_	
Hospital			Prog	ram Director	Dates		Degree_	
Language Read Speak Understand	Excellent	Good	Fair	Langu	Read Speak Understand	Excellent	Good	Fair
PREVIOUS EMPLOY	YMENT (profe	ssional or	scientificall	y related)				
Place				Dates_				
Place				Dates				
Duties								
Scholastic Societies_								
Honors and Awards								

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

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RENCES		
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e (3) three letters of reference. Note: Pr	eference is to receive	directly from your references.
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#### 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.

Signature of Applicant	Date	