

**Application for Structural Interventional Fellowship– 2024-2025**

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RETURN COMPLETED APPLICATION TO:  
Michael Stover  
Fellowship Coordinator  
(415) 514-7288  
[Michael.Stover@ucsf.edu](mailto:Michael.Stover@ucsf.edu)

Name \_\_\_\_\_

Last

First

Middle

Permanent Mailing Address \_\_\_\_\_

Present Mailing Address \_\_\_\_\_

Telephone Numbers Home \_\_\_\_\_ Hospital \_\_\_\_\_

Email Address \_\_\_\_\_

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

Passed USMLE Part I \_\_\_\_\_  Yes  No Part II \_\_\_\_\_  Yes  No Part III \_\_\_\_\_  Yes  No

If you are a Foreign Medical Graduate, have you passed the

ECFMG  Yes  No Certificate Date \_\_\_\_\_ Certificate Number \_\_\_\_\_

Are you on a Visa?  Yes  No If yes, Type and Expiration date \_\_\_\_\_

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 Chief of Service

**Residencies**

\_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
Hospital Chief of Service

\_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
Hospital Chief of Service

**Fellowships**

\_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
Hospital Chief of Service

\_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_  
Hospital Chief of Service

Language skills other than English (list languages and place an X in the appropriate area)

Language \_\_\_\_\_

Language \_\_\_\_\_

Excellent Good Fair

Excellent Good Fair

Read \_\_\_\_\_  
Speak \_\_\_\_\_  
Understand \_\_\_\_\_

Read \_\_\_\_\_  
Speak \_\_\_\_\_  
Understand \_\_\_\_\_

**PREVIOUS EMPLOYMENT (Professional or Scientifically related)**

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

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

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

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

Previous Research and Scientific and Publications section: PLEASE ATTACH CV

Describe career goals or professional plans for the future. Why have you chosen a career in structural interventional cardiology? What are your clinical and research objectives? What are your plans after completion of fellowship training? USE THIS SPACE OR ATTACH A SEPARATE LETTER.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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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 or 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**