

Application for Structural Interventional Fellowship-2024-2025

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RETURN COMPLETED APPLICATION TO: Michael Stover Fellowship Coordinator (415) 514-7288 <u>Michael.Stover@ucsf.edu</u>

Name			
Last	First	Middle	
Permanent Mailing Address			
Present Mailing Address			
Telephone Numbers Home	ŀ	lospital	
Email Address			
Licensed to practice Medicine in State	(s) ofL	icense 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?	No If yes, Type and Expire	ration date	
Proof of U.S. citizenship or eligibility for	or U.S. employment will be requ	ired upon hire in accordance with regulation	on established pursuant

to the Immigration Reform and Control Act of 1986.

Is funding from an outside source available? Source and amount of grant_____

EDUCATION

Hospital Chief of Service Residencies Dates Degree Hospital Chief of Service Dates Degree Language Language Language	Premedical/preosteopathic			Dates	Degree
Internship Dates Degree Hospital Chief of Service Dates Degree Language Language Language	Other			Dates	Degree
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Honors and Awards	Scholastic Societies				
	Honors and Awards				
Previous Research and Scientific and Publications section: PLEASE ATTACH CV	Previous Research and Scien	tific and Pr	ublications section	on: 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.

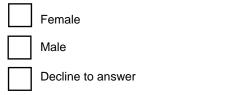
REFERENCES

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

1.				
	Name	Title	Address	
2.				
	Name	Title	Address	
3.	Name	Title	Address	
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An	nerican Indian or Alaskan Native	Ban	gladeshi	Japanese
				Korean
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B	ack or African American	Chin	656	Laotian/Hmong
				Pakistani
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	hite	India	In	Vietnamese
Ot	her	Indo	nesian	
				Other Asian

Decline to answer

Gender:



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.

Signature of Applicant

Date