

Zena and Michael A. Wiener
Cardiovascular Institute



Marie-Josée and Henry R. Kravis
Center for Cardiovascular Health

APPLICATION INSTRUCTIONS

INTERVENTIONAL CARDIOLOGY FELLOWSHIP PROGRAM AT THE MOUNT SINAI MEDICAL CENTER

PLEASE SEND ONLY THE FOLLOWING WITH YOUR APPLICATION:

- 1- Completed Mt. Sinai application form **(do not use any other application form)**.
- 2- Minimum of four (4) letters of reference dated in current year, including one (1) from your program director (maximum of five letters of reference).
- 3- Foreign Medical Graduates should send only **one** copy of your ECFMG Certificate with your application (you must have enough time remaining on your visa to allow you to complete your fellowship)
- 4- CV including bibliography of any publications (abstracts and manuscripts).
- 5- A personal statement no longer than one page in length.
- 6- Please use the regular 8x11 letter size paper not the A4.

Original Letters of Reference are to be mailed to:

Annapoorna Kini, MD

c/o Maria Directo

Interventional Cardiology Fellowship Training Program

Mount Sinai Medical Center

One Gustave L. Levy Place, Box 1030

New York, NY 10029

Letters of Recommendation can also be emailed to Maria Directo at maria.directo@mountsinai.org

Application should be mailed only to the above address. Thank you for your cooperation and your interest in the Cardiology Fellowship Program at the Mount Sinai Medical Center.

PLEASE CHECK

YES

NO

1. Do you have any impairments (physical or mental), which would interfere with your ability to perform the job for which you are applying?
2. Are you licensed to practice medicine in New York State?
License # _____
3. Are you a diplomat of the Educational Commission for Foreign Medical Graduates ? (Please attach copy)
ECFMG# _____

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Please list those individuals whom you have asked to write letters of recommendation on your behalf (minimum of three).

Name

Title

Institution

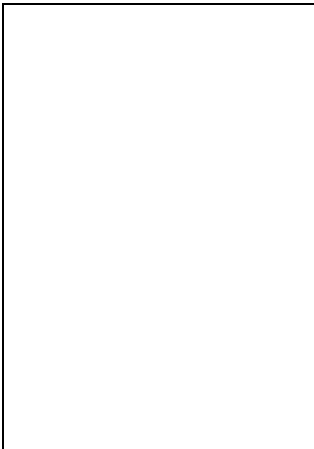


Photo Required

Signature

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