

#### 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.



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

# APPLICATION FOR INTERVENTIONAL CARDIOLOGY FELLOWSHIP

	-			
Name				
Date of Birth: Place of Birth:				
Home Address				
(				
Hospital Address				
Citizenship & Immigration				
Are you a US citizen? Yes No If no, do you have employment authorization allowing you to legally work in the US? Visa Status*				
*(Note: This question is to help identify your immigration needs. Non-immigrant visas are employer specific. The Mount Sinai Medical Cent visas to eligible and qualified applicants. Please note you must have adequate time remaining on your visa to allow you to complete your fellowship)	er offers			
<u>EDUCATION</u>				
Cardiology Fellowship       Name/Location     Date       Service				

Internship/Residency Name/Location		Date	Service
	<u> </u>		
Medical Education School	_	Date	Degree
<u>Undergraduate Education</u> School	_	Date	Degree
		Date	Degree
Other Graduate Education School		Date	Degree
AWARDS/HONORS			Date received
Research Experience (Please identify laboratory, preceptor and include dates)			

PL	EASE 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?	Γ	Γ
2.	Are you licensed to practice medicine in New York State? License #	Γ	Γ
3.	Are you a diplomat of the Educational Commission for Foreign Medical Graduates ? (Please attach copy) ECFMG#	Γ	Γ
	ease list those individuals whom you have asked to write lette		
Na	nme	Title Institution	on
	Photo Requir	red	
		Signature	

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