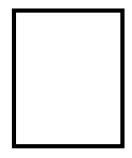
## ADVANCED TRAINING IN CARDIOLOGY FELLOWSHIP TRAINING PROGRAM APPLICATION

Division of Cardiology

Duke University Medical Center

Durham, NC 27710



NOTE: Please type or print in black ink. Blue ink does not photocopy well. Date Fellowship is to Begin: I. PERSONAL INFORMATION Home Address Hospital Address\_\_\_\_\_ Home/Cell Phone ( ) Hospital Phone/Pager( ) Email Address Are you legally eligible to work in the US? (Y/N) Do you now or in the future require visa sponsorship for employment at Duke? (Y/N) We offer J1 visas for GME trainees sponsored through ECFMG. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. II. **EDUCATION and PREVIOUS TRAINING** Pre-Medical College Dates Degree Medical School \_\_\_\_\_ \_\_\_\_\_ Degree\_\_\_\_\_ Other Graduate Education Degree III. INSTITUTION and DEPARTMENT of POST- MD TRAINING (account for all time since receiving MD degree) Internship (PG1) Date Completed\_\_\_\_\_ Residency (PG2, etc.) Date Completed Fellowship or Special Training \_\_\_\_\_ Date Completed\_\_\_\_\_ IV. USLME STEPS 1, 2 CK, 2CS, 3 SCORES or COMLEX equivalent (Please provide copies of all scores)

Step 2:\_\_\_\_\_ Step 3:\_\_\_\_

V.	AWARDS and HONORS	
and 2	<b>LETTERS OF RECOMMENDATION</b> Please provide 3 Letters of Recommendation – 1 letter from the fletters from a physician. List the physician's names below. List to write these letters.	
Signat	ture of Applicant	Date

E-mail the completed application, current curriculum vitae, personal statement, medical school transcript, copies of Step 1, 2CK, 2CS & 3 USMLE scores (or COMLEX scores) and ECFMG certificate (if applicable) to arlene.martin@duke.edu

Please have your letter writers send the letters of recommendation directly to arlene.martin@duke.edu.