

Please attach a recent photograph of yourself here.



FELLOWSHIP PROGRAM APPLICATION

**Winthrop-University Hospital
Cardiology – Anne Maloney
120 Mineola Blvd., Suite 500
Mineola, NY 11501
516-663-6951**

Application for Fellowship Program in: _____ **Date Program to Begin:** _____
(Specialty)

Circle year: PGY - 4 5 6 7

Name in Full: _____
Last First Middle (Maiden name, if applicable)

Present Address: _____
(Number & Street) (City) (Zip Code) (Phone Number)

Permanent Address: _____
(Number & Street) (City) (Zip Code) (Phone Number)

Social Security Number: _____

U.S. Citizen: Yes No

If No: Visa Type: _____ Visa Number: _____ Expiration Date: _____

USMLE Examinations:

	Date Passed	Score	# Attempts
Step 1			
Step 2 CK			
Step 2 CS			
Step 3			

****Please have an official USMLE score report sent to the Winthrop training program ****

Medical License or Limited Permit:

State	License Number	Date Issued	Expiration Date

If Applicable:

ECFMG # _____ **Date of Certification** _____

*Attach certificate with this application

Education and Professional Experience:

Provide a chronological listing of your life/work/educational experiences beginning with undergraduate school. There must be NO GAPS IN TIME. All times must be accounted for. Attach an additional sheet if needed.

Institution/Employer/ Other Activity & Location	Dates (mo/yr)	Major or Training Program	Degree or Certificate	Date Awarded
_____	_____ To _____	_____	_____	_____
_____	_____ To _____	_____	_____	_____
_____	_____ To _____	_____	_____	_____
_____	_____ To _____	_____	_____	_____
_____	_____ To _____	_____	_____	_____

Publications / Presentations: Please attach a list of any publications or national/regional/local presentations.

Academic Awards:

Personal Statement: Please attach a personal statement outlining your academic objectives.

Medical School Transcript(s): Please have your medical school send the program an official copy of your transcript.

References:

List three persons who are acquainted with your academic and professional experience, from whom you will request confidential statements in support of your application.

Letters of recommendation and verification from ALL POSTGRADUATE TRAINING are required. These letters must include beginning and ending dates for each period of training or employment.

Name	Position	Address

Have you ever pleaded guilty or been convicted of a crime or offense other than a minor traffic accident?

No Yes if yes please explain _____

All information given in or attached to this application is accurate.

Signature of Applicant: _____