

New York-Presbyterian Hospital Weill Cornell Medical Center

525 East 68th Street
New York, NY 10065

A photograph
would be
appreciated
but is not
required.

Application for Fellowship Clinical Cardiac Electrophysiology Starting date 7/1/2010

Name: _____ Soc Sec #: _____
Last First Middle

Permanent Address: _____ Tel: (____) ____ - ____
Street City State Zip

Present Address: _____ Tel: (____) ____ - ____
Street City State Zip

Present address valid until (date): ____/____/____ Cellular: (____) ____ - ____

Beeper: _____

E-Mail Address: _____ Pager: (____) ____ - ____

US Citizen? Yes ___ No ___ / Citizen of _____ Visa status: _____

Birthdate: ____/____/____ Birthplace: _____

Have you a New York State medical license? Yes ___ No ___ Number: _____

Have you a medical license in any other state(s)? State(s): _____ Number: _____

Have you a temporary certificate in lieu of NY State license? ___ Expiration date: ____/____/____

If a graduate of a foreign medical school (except Canadian), complete the following:

ECFMG #: _____ Type/date of certificate _____ Expir. Date: ____/____/____

Education/Training. Please indicate institutions, inclusive dates of attendance, degrees

High school _____

College _____

Medical school _____

Residency _____

Fellowship _____

Investigative work in medicine with titles and publication of papers, if any (or attach CV)

References: You are requested to arrange for letters of recommendation to be sent directly by each of three faculty members who have personal knowledge of your professional and personal qualifications. One of these letters should come from the service chief under whom you most recently served.

Faculty members who have been requested to send a letter of recommendation:

	Name	Address	Tel
1.	_____	_____	(____)____-____
2.	_____	_____	(____)____-____
3.	_____	_____	(____)____-____

Date: ___/___/___ Applicant's Signature: _____

A complete application must include:

- **This application form**
- **Curriculum Vitae**
- **Personal statement**
- **3 letters of recommendation**

These materials should be addressed to:

Dr. Steven Markowitz
Director, Clinical Cardiac Electrophysiology Training Program,
New York-Presbyterian Hospital / Weill Cornell Medical Center
525 East 68th Street, ST-4
New York, NY 10065

Applications are due by 10/01/09

Decisions about acceptance into the fellowship will be made on a rolling basis, and positions may be filled before the 10/1/09 deadline.

Best way to contact you:

- ___ e-mail
- ___ cell phone
- ___ home telephone/answering machine (____)____-____
- ___ pager
- ___ through department, office, or lab (____)____-____