

M U S C

**MEDICAL UNIVERSITY
OF SOUTH CAROLINA**

**CLINICAL CARDIAC ELECTROPHYSIOLOGY FELLOWSHIP
APPLICATION**

DATE OF APPLICATION: _____

START DATE: _____

Please attach

NAME: _____

recent photograph

GENDER: Male Female

here

SOCIAL SECURITY NO: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

PHONE NUMBER (WORK): _____ **HOME:** _____

E-MAIL ADDRESS: _____

PLACE OF BIRTH: _____ **CITIZENSHIP:** _____

DATE OF BIRTH: _____ **VISA TYPE:** _____

MARITAL STATUS: _____ **CHILDREN:** _____

MILITARY STATUS: _____

STATE MEDICAL LICENSE NUMBERS AND YEARS: _____

BOARD CERTIFICATION (CERTIFICATE NUMBER AND DATE):

AMERICAN BOARD OF INTERNAL MEDICINE: _____

ABIM CARDIOVASCULAR DISEASES: _____

E.C.F.M.G.: _____
(Include Photocopy)

OTHER (Please Specify): _____

PERSONAL EDUCATION AND TRAINING:

DESCRIPTION	INSTITUTION and ADDRESS	FROM Mo/Yr	TO Mo/Yr	SERVICE CHIEF
UNDERGRADUATE				
MEDICAL SCHOOL				
INTERNSHIP				
RESIDENCY				
CARDIOLOGY FELLOWSHIP				
OTHER				

AWARDS AND HONORS: _____

SCHOLARLY SOCIETIES: _____

PUBLICATIONS AND PRESENTATIONS: (Please attach a list of your published research, reviews, book chapters, abstracts, etc).

PERSONAL GOALS: Please attach a short statement regarding your short and long term career objectives.

LETTERS OF REFERENCE: Please send three letters of recommendation from physicians or scientists who know you well. One of these letters should be from the Cardiovascular Training Program Director at your institution.

Signature

Date

Please send your application and support material to:

J. Marcus Wharton, M.D.
Director, Cardiac Electrophysiology
135 Rutledge Avenue, Suite 1201
P.O. Box 250592
Medical University of South Carolina
Charleston, S.C. 29425
Phone: 843-792-6118
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