

# Medical University of South Carolina

## Charleston, South Carolina

### *Interventional Cardiology Fellowship Application*

Fellowship to begin July 1, \_\_\_\_\_ Date of Application: \_\_\_\_\_

⌄ Applications accepted until September 15<sup>th</sup> for fellowship starting the following year.

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of

Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Visa (NON USA): \_\_\_\_\_

### *Education and Employment*

	Name and Location	Start Date	Finish Date	Degree	Training Program Director
Current Position (if not currently in fellowship)					
Cardiology Fellowship					
Internal Medicine Residency					
Internship					
Medical School					
Undergraduate College					

## *Certification*

State License / Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

E.C.F.M.G.: \_\_\_\_\_ Date: \_\_\_\_\_

ABIM Internal Medicine: \_\_\_\_\_ Date: \_\_\_\_\_

ABIM Cardiovascular Disease: \_\_\_\_\_ Date: \_\_\_\_\_

Have any medical licenses or hospital privileges ever been suspended or revoked? Yes No

If yes, explain: \_\_\_\_\_

### *Documentation required to apply:*

- Curriculum Vitae  
(include publications and presentations)
- Personal Statement  
(include training goals and future plans)
- Letters of recommendation Minimum of 3:
  1. Cardiology Fellowship Program Director
  2. Cardiac Catheterization Lab Director
  3. Another Cardiologist who knows you and your abilities well.

*Attach*

*Recent*

*Photograph*

*Here*

Signature

Date

### *Send application and all supporting materials to:*

Christopher D. Nielsen, M.D. Director, Interventional  
Cardiology Fellowship Program MUSC Cardiology  
Division

*ATTN: Paulette Okurowski, Program Coordinator*  
25 Courtenay Drive, ART, Room 7063,  
MSC 592  
Charleston, South Carolina 29425  
(843) 792-0680