

**UNIVERSITY OF CALIFORNIA SAN DIEGO, SCHOOL OF MEDICINE
SAN DIEGO, CALIFORNIA 92037**

Application for Cardiac Imaging Fellowship Training Program (2016-2017)

Please return completed application to:
Anthony N. DeMaria, MD
Director, Cardiac Imaging Fellowship Program
University of California, San Diego
9444 Medical Center Dr, MC 7411
San Diego, CA 92037
c/o kgreathouse@ucsd.edu

Name _____ Department: Medicine ____ / Cardiology ____
Last, First Middle

Permanent Mailing Address: _____

Present Mailing Address: _____

Telephone Numbers: Home _____ Hospital _____

Email address: _____

Licensed to practice Medicine in State of: _____ License #: _____

Passed USMLE Part I ____ yes ____ no Part II ____ yes ____ no Part III ____ yes ____ no

If you are a Foreign Medical Graduate, have you passed the:

ECFMG ____ yes ____ no Certificate Date _____ Certificate Number _____

Are you on a Visa? Yes ____ No ____ If yes, what type and when does it expire? _____

Proof of U.S. citizenship or eligibility for U.S. employment will be required upon hire in accordance with regulation established pursuant to the Immigration Reform and Control Act of 1986.

EDUCATION

Premedical/preosteopathic: _____ Dates _____ Degree _____

Other: _____ Dates _____ Degree _____

Medical/Osteopathic: _____ Dates _____ Degree _____

Internship: _____ Dates _____ Degree _____
Hospital Chief of Service

Residencies:

_____ Dates _____ Degree _____
Hospital Chief of Service

_____ Dates _____ Degree _____
Hospital Chief of Service

Fellowships:

_____ Dates _____ Degree _____
Hospital Chief of Service

_____ Dates _____ Degree _____
Hospital Chief of Service

Language skills other than English (list languages and place an X in the appropriate area)

Language: _____

	Excellent	Good	Fair
Read	___	___	___
Speak	___	___	___
Understand	___	___	___

Language: _____

	Excellent	Good	Fair
Read	___	___	___
Speak	___	___	___
Understand	___	___	___

RACE/ ETHNICITY (optional)

- ___ American Indian or Alaska Native
- ___ Asian or Pacific Islander
- ___ Black or African American
- ___ Hispanic or Latino
- ___ White
- ___ Other
- ___ Decline to declare

PREVIOUS EMPLOYMENT (Professional and/or Scientific)

Place: _____ Dates _____ Duties _____

Place: _____ Dates _____ Duties _____

Scholastic Societies: _____

Honors and Awards: _____

REFERENCES:

Provide (3) three letters of reference:

1. _____
Name Title Institution

2. _____
Name Title Institution

3. _____
Name Title Institution

PRIVACY NOTIFICATION STATEMENT

The information collected is used to satisfy the educational mission of the University and its legal obligations, including determination of eligibility, assessment and evaluation of professional qualifications.

With the exception of the Affirmative Action data, all information requested is mandatory. If the information is not provided, the application will be deemed incomplete and not considered by the Program. The information you provide will be reviewed by the Departmental Residency selection committee and may be released pursuant to applicable Federal or State law. The privacy of your file will be the responsibility of the Department.

Individuals have the right to review their own record in accordance with the Information Practices Act and University policy. Information on these policies may be obtained from the training Program to which you have applied and where your file is maintained.

I hereby authorize representatives of the School of Medicine to contact any or all of my former employers, educational institutions attended, or other persons or organizations determined to have information relevant to my application for clinical training. I further consent to such persons and organizations releasing relevant information to the School of medicine, notwithstanding that it might otherwise be confidential. I understand that any information obtained by the School of Medicine will be treated as confidential personal information. I hereby certify that I have read and understood all statements and questions on this application and that my responses are true and complete to the best of my knowledge. If employed, I understand that falsification of this record may be considered cause for my termination.

Signature of Applicant

Date