



**ADVANCED FELLOWSHIP PROGRAM APPLICATION**

Please choose one:

- Structural Heart Disease
- Endovascular Intervention
- Interventional Echocardiography
- Complex Coronary Intervention

Post-Graduate Training in Interventional Cardiology				
Last Name		First Name		Middle Initial
Street				Apt #
City		State		Zip Code
Country				
Daytime Phone			Evening Phone	
Date of Birth		Place of Birth (City/State)		U.S. Citizenship
Social Security Number		Country of Citizenship		
Resident	Temporary	Exchange Visitor (J1)	Other (Specify):	
Please Select Visa Category, if applicable				
Hospital		Street		
City		State	Country	Zip Code
Hospital Telephone			Pager #	
College/University		Graduation Date		Degree
Medical School		Graduation Date		Degree

<b>Internship (Hospital)</b>		<b>Dates</b>	<b>Type</b>	
<b>Previous Residency (Hospital)</b>		<b>Dates</b>	<b>Type</b>	
<b>Previous Residency (Hospital)</b>		<b>Dates</b>	<b>Type</b>	
<b>Fellowship Training</b>		<b>Dates</b>	<b>Type</b>	
<b>Other Medical Training</b>		<b>Dates</b>	<b>Type</b>	
<b>Any Permanent License (if any) numbers</b>			<b>Year(s) Issued</b>	
<b>USMLE/ECFMG Scores</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 2 CS</b>	<b>Step 3</b>
<hr/> _____ (signature above)				
<b>I hereby certify the above information is complete and accurate</b>				

Please submit all documents as one pdf or document, electronically:

1. Cover letter stating:
  - Career goals
  - Areas of specific clinical/research interests
  - Number of years of advanced training desired
2. Passport sized photograph
3. Curriculum Vitae
4. Diplomas & Licenses
5. USMLE results (hard copy)
6. ECFMG certificate (if applicable): [www.ecfm.org/certification/](http://www.ecfm.org/certification/)
7. Minimum four (4) letters of recommendation, including from your current Division Chief, Director of the Catheterization Lab (if applying for Endovascular, Structural, or Complex Coronary Intervention fellowships), Director of Echocardiography lab (if applying for Interventional Echocardiography fellowship), and Training Director at your current hospital
8. All international applicants must apply for FCVS Certification : <https://portal.fsmb.org/MyFmb/>
9. U.S. applicants *must* be eligible to apply for permit or NY State medical license.
10. International applicants *must* be eligible to apply for a limited permit: [www.op.nysed.gov/prof/med/medic.html](http://www.op.nysed.gov/prof/med/medic.html)

**Contact: Katherine Malave, Senior Fellowship Coordinator @**  
**[km2984@cumc.columbia.edu](mailto:km2984@cumc.columbia.edu) or (212) 305-2708**