

# New York-Presbyterian Hospital Weill Cornell Medical Center

525 East 68th Street  
New York, NY 10065

## Application for Fellowship Interventional Cardiology

Starting date 7/1/2011

**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 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. Robert Minutello  
Director, Interventional Cardiology Training Program,  
New York-Presbyterian Hospital / Weill Cornell Medical Center  
525 East 68th Street, ST-4  
New York, NY 10065

**Applications are due by 10/01/10**

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

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**Best way to contact you:**

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