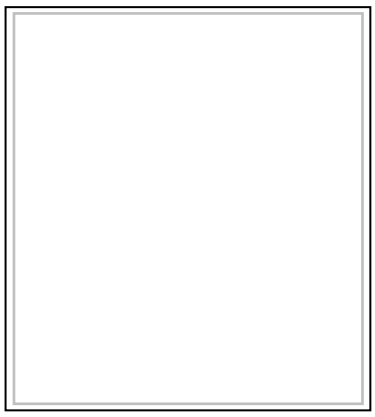

Tucson Hospitals
Medical Education
PROGRAM

5301 E Grant Rd.
Tucson, AZ 85712

Structural Heart Fellowship Application

Please Type (preferred) or Print (clearly)

Date format should be 00/00/00

Name _____
Last First Middle

Address _____ City _____ State ____ Zip _____

Cell Phone (_____) _____-_____ Email _____

Current Medical Licensure: State _____ License No: _____ Expiration Date: ____/____/____

Country of Citizenship _____ NPI _____

ECFMG Certification No. _____ Valid indefinitely Yes ☐ No ☐ Date ____/____/____

Academic History
(Premedical, Medical and Graduate Education) (Attach CV)

Institution	Location	Degree	Dates of Attendance
			/ / - / /
			/ / - / /
			/ / - / /
			/ / - / /
			/ / - / /

Previous Internship, Residency, and/or Fellowship Training

Hospital	Location	Program	Dates of Service
			/ / - / /
			/ / - / /
			/ / - / /
			/ / - / /
			/ / - / /

Research work: (if applicable)

Publications: (if any) attach separate sheet if necessary

Nature of Post-Graduate Work: (if applicable)

COMLEX or
USMLE: Step1 Score _____ Year: _____ CERTIFICATIONS: BLS: Exp. ____/____

Step 2 Score _____ Year: _____ ACLS: Exp. ___/___ PALS: Exp. ____/____

Step 3 Score _____ Year: _____ Other: _____ Exp. ____/____

SPECIALTY BOARDS: Board _____ Year Certified _____ Exp. ____/____

Languages spoken (other than English): _____

The following faculty members, in addition to the Residency Program Director's letter, will send Letters of Recommendation:

(1)

(2)

(3)

(4)

Signature _____ Date _____/_____/_____

Must be eligible for Arizona license to apply.

Application, 3 Letters of Recommendation, Comlex/USMLE scores, procedure log and a personal statement must be received by the program prior to invitation for interview.