ACGME - ADVANCED TRAINING IN HEART FAILURE
FELLOWSHIP PROGRAM APPLICATION

Division of Cardiovascular Disease
Hennepin County Medical Center/Abbott Northwestern Hospital
Minneapolis, Minnesota 55447

Date Fellowship is to Begin: _____

I. PERSONAL INFORMATION

Name_____

Home Address_____

Hospital Address_____

Home/Cell Phone (____)_____ Hospital Phone/Pager (____)_____

Email Address_____

Citizenship _____ ECFMG#(if applicable) _____

Visa Status _____

II. EDUCATION and PREVIOUS TRAINING

Pre-Medical College_____

Dates_____ Degree_____

Medical School_____

Dates_____ Degree_____

Other Graduate Education_____

Dates_____ Degree_____

III. INSTITUTION and DEPARTMENT of POST-MD TRAINING (account for all time since receiving MD degree)

Internship (PG1)_____ Date Completed_____

Residency (PG2, etc.)_____ Date Completed_____

Fellowship or Special Training_____ Date Completed_____

IV. USLME STEPS 1, 2, 3 SCORES (Please provide copies of all scores)

Step 1:_____ Step 2:_____ Step 3:_____

V. AWARDS and HONORS

_____

_____

_____

VI. LETTERS OF RECOMMENDATION – have letter writers email sent to cheryl.christenson@hcmed.org

Please provide 3 Letters of Recommendation from physicians including one from cardiology fellowship program director. List the physician's names below.

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_____ _____

Signature of Applicant Date

Email this completed application, current curriculum vitae, personal statement, medical school diploma, copies of Step 1, 2CK, 2CS, & 3 USLME scores, ECFMG certificate, three letters of recommendation, and a recent photo to cheryl.christenson@hcmed.org

Cheryl Christenson
Fellowship Program Coordinator
Medical Education
Hennepin County Medical Center
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