**SOCIETY OF PEDIATRIC CARDIOLOGY TRAINING PROGRAM DIRECTORS (SPCTPD)**

**UNIFORM FELLOWSHIP (SUB-SPECIALTY RESIDENCY) APPLICATION  
NOTE: NOT ALL PROGRAMS WILL ACCEPT THIS APPLICATION. YOU MUST CHECK WITH EACH PROGRAM TO SEE IF THEY WILL ACCEPT IT.**

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| Photocopy the completed application for your files.  Enter name exactly as registered with the NRMP. | | | | | Date of application | | | Date program to begin | |
| **Personal Data** | | | | | | | | | |
| NAME: Last First Middle Initial | | | | | Application for:  □ 1st year Fellow (Sub-specialty Resident)  □ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Mailing Address: Number and Street | | | | | Social Security Number | | | | |
| City State Zip Code | | | | | | | | | |
| Daytime Phone # | Alternative Phone # | | Email Address: | | | | | | |
| Permanent Address: (List SAME if same as above)  Number and Street:: C/O Name | | | | | Permanent Phone #: | | | | |
| City State Zip Code | | | | | | | | | |
| Date of Birth: (required for state license application) | | Citizenship (Identify Country) | | | NRMP Number (if known) | | | | |
| **Education** Please list all schools attended. **Use additional sheet if necessary**. | | | | | | | | | |
| **Institution** | | | | **Dates Attended** | | | **Degree conferred** | | |
| Include full name and location | | | | From  Mo./yr. | | To  Mo./yr. | Type | | Date |
| Undergraduate | | | |  | |  |  | |  |
| Medical School | | | |  | |  |  | |  |
| Graduate work (Master or Doctoral) | | | |  | |  |  | |  |
| **Graduate Medical Education** Include current and previous graduate medical education. | | | | | | | | | |
| **PGY I** Type | | | | From Mo./yr. | | To Mo./yr. | Name of Program Director | | |
| Name and address of institution | | | |  | |  |  | | |
| **PGY II** Type | | | |  | |  |  | | |
| Name and address of institution | | | |  | |  |  | | |
| **PGY III** Type | | | |  | |  |  | | |
| Name and address of institution | | | |  | |  |  | | |
| **PGY IV** Type | | | |  | |  |  | | |
| Name and address of institution | | | |  | |  |  | | |

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| **Personal Statement/Curriculum Vitae(CV)** | | |
| Please write an autobiographical statement on a separate sheet. Tell us about yourself, your interests, and your career expectations. Enclose curriculum vitae **(all time periods between college and now must be documented on CV).** Please attach copies of publications. | | |
| **Research, Work and Extra Curricular Experience.** In the spaces below, please describe any research, work and extracurricular experience that you feel will enhance your application. | | |
| **Research** | | |
| **Work** | | |
| **Extra Curricular Activities** | | |
| **Letters of Recommendation Requested** Include full name, address and phone number. Some programs may have specific requirements (e.g. some require at least one letter to come from a pediatric cardiologist or some may require four letters); Check with each program.  *You are required to contact these individuals and request that they send the letter directly to the Program Director.* | | |
| Pediatric Residency Program Director or Department Chairperson (required)  ` | | |
| Faculty member (required) | | |
| Faculty member (required) | | |
| Faculty member (optional) | | |
| **Examinations Taken Photocopies of original documents with scores and dates must accompany application** | | |
| **U.S./Canadian Medical School Graduates** | **International Medical School Graduates** | |
| USMLE dates taken & scores Step I Step 2 Step 3 | **USMLE dates taken & scores Step I Step 2 Step 3** | |
| NBME dates taken & scores Part I Part II Part III | **FMGEMS no.** | **ECFMG no.** |
| COMPLEX dates taken & scores Level 1 Level 2 Level 3 | **FMGEMS exam dates & score**  **Basic Science Clinical Science English** | |
| FLEX Date Score | **TOEFL date & Score** | |
| Licensure (temporary permit; full/complete) | **FLEX date Score** | |
| State Number Date granted Type Expiration Date | **Current visa status: Entry date Expiration date** | |
| State Number Date granted Type Expiration Date | **Type of visa** | **Visa no.** |

**Have you ever been terminated from a training program? Yes\_\_\_\_ No\_\_\_\_\_**

**Has your medical staff privileges ever been denied, suspended or revoked? Yes\_\_\_\_ No\_\_\_\_\_ Not applicable\_\_\_\_\_**

**Has your state medical license or DEA number ever been denied, suspended or revoked? Yes\_\_\_\_ No\_\_\_\_\_**

**Have you ever been convicted of a felony? Yes\_\_\_\_ No\_\_\_\_\_**

**Have you ever been named in a malpractice law suit? Yes\_\_\_\_ No\_\_\_\_\_**

**If the answer to any of the questions above is yes, please explain on a separate sheet of paper.**

**The information I have given in this application and the attached CV is current and complete to the best of my knowledge.**

**I do\_\_\_\_\_ do not\_\_\_\_\_ relinquish my right to review the letters of recommendation in my file. (Please Check One).**

**I understand that some programs may require additional information that is not on this application or may not accept this application at all. It is my responsibility to provide the additional information to each program before my application will be considered complete.**

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Signature Date