

**ALBERT EINSTEIN MEDICAL CENTER  
CHRONIC HEART FAILURE FELLOWSHIP  
APPLICATION FORM  
2020**

(Please print or type)

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip Code

Permanent Address \_\_\_\_\_  
Street City State Zip Code

Current Telephone Daytime (\_\_\_\_) \_\_\_\_\_

Evening (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Visa Status \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School \_\_\_\_\_ (From) \_\_\_\_\_ (To) \_\_\_\_\_

College \_\_\_\_\_ (From) \_\_\_\_\_ (To) \_\_\_\_\_

Medical School \_\_\_\_\_ (From) \_\_\_\_\_ (To) \_\_\_\_\_

**INTERNSHIP AND RESIDENCY**

Internship: Type \_\_\_\_\_ Hospital \_\_\_\_\_ (From) \_\_\_\_\_ (To) \_\_\_\_\_

Residency: Type \_\_\_\_\_ Hospital \_\_\_\_\_ (From) \_\_\_\_\_ (To) \_\_\_\_\_

Cardiology Fellowship: Hospital \_\_\_\_\_ (From) \_\_\_\_\_ (To) \_\_\_\_\_

**RESEARCH EXPERIENCE** (List number of manuscripts, case reports, abstracts, and indicate whether published, accepted or submitted. Detail titles in CV).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HONORS & AWARDS**

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**WORK EXPERIENCE:** *(Please account for any interruptions in education or post-graduate training).*

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**FUTURE CAREER PLANS IN MEDICINE:** *(Indicate subspecialty, i.e., non-invasive, invasive or undecided and type of practice i.e., academic, university affiliated, private practice, etc.)*

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**ABIM BOARD CERTIFICATION**

_____	_____	_____
(Date Taken)	(Score)	(No. of Attempts)

**USMLE RESULTS**

<b>Part I</b>	_____	_____	_____
	(Date)	(Raw Score)	(No. of Attempts)
<b>Part II</b>	_____	_____	_____
	(Date)	(Raw Score)	(No. of Attempts)
<b>Part III (if taken)</b>	_____	_____	_____
	(Date)	(Raw Score)	(No. of Attempts)

State or Country in which licensed \_\_\_\_\_ State License # \_\_\_\_\_

Persons from whom you have requested letters of recommendation:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICATION CHECKLIST

Please send the following items via email to [Ruchkate@einstein.edu](mailto:Ruchkate@einstein.edu) to complete your application. Your application will **not** be reviewed until all items have been received.

- Application (above)
- Medical School Transcripts
- USMLE/COMLEX official score report
- Personal Statement
- Curriculum vitae
- Letters of Recommendation (3)
  - If you waived your rights to view your LORS, please have them emailed Kate Ruch by your letter writer. [Ruchkate@einstein.edu](mailto:Ruchkate@einstein.edu)
  - If they prefer to send the LORs via mail, have it sent to the address below.

**\*\*\*Please note: If you applied to Einstein's Cardiology Fellowship program, we can pull your application via ERAS, but you are still required to complete the application above.**

Kate Ruch  
Fellowship Program Administrator  
215-456-7020  
[Ruchkate@einstein.edu](mailto:Ruchkate@einstein.edu)  
Klein Building  
5401 Old York Road  
Suite 363  
Philadelphia, Pa 19141\_