



# CVICU FELLOWSHIP APPLICATION

## CHECKLIST

- Current curriculum vitae
- Letters of recommendation (a minimum of three)
- Personal Statement

## PERSONAL INFORMATION

First Name	Middle Name	Last Name	Degree
Current Street Address	City	State	Zip Code
Phone	E-Mail Address		
Permanent Street Address	City	State	Zip Code

## INTERNATIONAL MEDICAL GRADUATE

1. If you are a graduate of an international medical school (except Canada), the Educational Commission for Foreign Medical Graduates (ECFMG) must certify you. In addition to a copy of your ECFMG certificate, please provide your certificate number and the date it was issued.

Certificate Number	Date Issued
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2. If you are not a United States citizen, for what type of visa do you to plan to apply?

\_\_\_\_\_  
Type of Visa

3. Do you hold permanent immigration status in the United States?  Yes  No  
If yes, please attach a copy of your green card or approval letter.

4. If you are in the United States on an Exchange Visitor Program, please provide the name of your present sponsor.

\_\_\_\_\_  
Name of Present Sponsor

5. Are you currently in the United States on a temporary visa (e.g., J-1, H-1, F1)?  Yes  No  
If yes, please attach a copy of your current DS-2019 (if applicable).