

Calum MacRae, M.D., Ph.D.  
Chief, Cardiovascular Division

Lynne Warner Stevenson, MD  
Director, Heart Failure/Transplant Fellowship

Donna Polk, M.D., MPH  
Director, Cardiology Training Program

Neal K. Lakdawala, MD  
Associate Director, Heart Failure/Transplant Fellowship

**BRIGHAM AND WOMEN'S HOSPITAL  
Cardiovascular Division  
ADVANCED HEART DISEASE PROGRAM**

**FELLOWSHIP TRAINING PROGRAM IN  
HEART FAILURE/TRANSPLANT/MECHANICAL CIRCULATORY SUPPORT**

**Application for Period Beginning July 2017**

(PLEASE TYPE)

**FULL NAME:** \_\_\_\_\_  
(First) (Middle Initial) (Last)

**PRESENT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
(Include Street, City, State and Zip Code)

**TELEPHONE: Home:** (    ) \_\_\_\_\_ **Office/Page:** (    ) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SEX:** \_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY NO.:** \_\_\_\_\_ **U.S. CITIZEN:** Yes \_\_\_\_ No \_\_\_\_  
**PERMANENT RESIDENT:** Yes \_\_\_\_ No \_\_\_\_  
**VISA:** \_\_\_\_\_

**REFERENCES:** List full names and addresses of **three** people who will provide letters of reference, including your current cardiovascular program director and request that they send letters of recommendation to us on your behalf. Please send **two** letters to be received by **January 31 one year PRIOR to the July 1 starting date of anticipated fellowship.** However, the review process is rolling, beginning in late winter and positions may be filled prior to date. The third letter would be required by the time of interview. Letters should be **mailed** to Lynne Warner Stevenson M.D. or sent by email to [jbeckerdite@partners.org](mailto:jbeckerdite@partners.org). **DO NOT** send letters or other attachments to Dr. Stevenson by email.

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EDUCATION			
Institution and Address	Degree	Year of Degree	Field of Study
<u>Undergraduate:</u>			
<u>Medical School:</u>			
<u>Other:</u> (List graduate and post-graduate studies other than medical school.)			

  

CLINICAL EXPERIENCE		
Institution and Address	Date	Position

Curriculum Vitae: Please include an up-to-date copy of your curriculum vitae.

**Please do NOT send medical school or college transcripts, reprints, or copies of examination scores.**

Personal Statement: On a separate page, please write a brief description of prior cardiology experience, research activities, and future goals and plans with regard to heart failure practice. Please include any information about geographical requirements for you or your family.

Application deadline: **January 31.** Applications will be considered complete when we are in receipt of your fellowship application, 2 letters of recommendations, and personal statement. We will send you an acknowledgment when all information is complete. (If there are special circumstances concerning the timing of your application materials, please contact Dr. Stevenson.)

Mail to: Lynne Warner Stevenson M.D.  
 Cardiovascular Division  
 Brigham and Women's Hospital  
 75 Francis Street  
 Boston, Massachusetts 02115

**If any materials are sent by email, please address to our program administrator, Julie Beckerdite ([jbeckerdite@partners.org](mailto:jbeckerdite@partners.org)). She should be contacted if you feel your application is complete but you have not received an acknowledgment within 2 weeks.**