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

Samuel Goldhaber, M.D.
Director, Vascular Medicine

Donna Polk, M.D., M.P.H.
Director, Cardiology Training Program

BRIGHAM AND WOMEN'S HOSPITAL
Cardiovascular Division

FELLOWSHIP TRAINING PROGRAM IN VASCULAR MEDICINE

Application for Period Beginning July 2017

(PLEASE TYPE or PRINT LEGIBLY)

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. Letters should be sent by email to jbeckerdite@partners.org. **DO NOT** send letters or other attachments to Dr. Goldhaber by email.

_____

_____

_____

EDUCATION

Institution and Address	Degree	Year of Degree	Field of Study
Undergraduate:			
Medical School:			
Other: (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.

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