

**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.

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: <input type="checkbox"/> 1 st year Fellow (Sub-specialty Resident) <input type="checkbox"/> 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::			Permanent Phone #:	
C/O Name			Zip Code	
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				

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. <i>You are required to contact these individuals and request that they send the letter directly to the Program Director.</i>	
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.

 Signature
 SPCTPD-10/05

 Date