HEART AND VASCULAR INSTITUTE
WOMEN'S CARDIOVASCULAR FELLOWSHIP APPLICATION
2139 Auburn Ave. | Cincinnati, OH 45219

APPLICATION DOCUMENTS

1. Completed application form
2. Three (3) letters of recommendation
3. Foreign Medical Graduates should send a copy of your ECFMG Certificate with your application
4. USMLE / COMLEX / COCATS Transcripts
5. CV / Resume
6. Personal Statement
7. Photo / Headshot (optional)

Completed application packets should be scanned and emailed to Michelle Hamstra, Women's Heart Center Program Manager at Michelle.Hamstra@TheChristHospital.com

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Date of application: ___________________________

Personal Information			
Last Name	First Name		Middle Name or Middle Initial
Other names by which you have been known professionally		Degree	Social Security Number
Date of Birth (mm/dd/yyyy)	Birth City / State / Country		
Home Street Address	Home City / State / Zip Code		
Home Phone Number	Cell Phone Number		Work Phone Number
Email Address (preferred method of communication)			

Citizenship & Immigration	
Are you a U.S. citizen?	
Yes	No
Are you legally authorized to work in the United States?	
Yes	No
Do you now, or will you in the future, require immigration sponsorship for work authorization (i.e., J1, H1b)?	
Yes	No
Visa status:	

Education and Training			
Fellowship (if applicable)			
Name of Institution		Start Date	Finish Date
Complete Address		Program Director Name	
Phone Number	Email Address	Specialty	
Residency			
Name of Institution		Start Date	Finish Date
Complete Address		Program Director Name	
Phone Number	Email Address	Specialty	
Internship (if applicable)			
Name of Institution		Start Date	Finish Date
Complete Address		Program Director Name	
Phone Number	Email Address	Specialty	
Medical Education or Professional School			
Name of Institution		Start Date	Finish Date
Complete Address		Program Director Name	
Phone Number	Email Address	Degree Obtained	
Undergraduate Education			
Name of Institution		Start Date	Finish Date
Complete Address		Program Director Name	
Phone Number	Email Address	Degree Obtained / Major	
Other Graduate / Additional Training			
Name of Institution		Start Date	Finish Date
Complete Address		Program Director Name	
Phone Number	Email Address	Specialty / Degree Obtained	

Board Certified Specialty: Enter specialties and subspecialties in which you have become board certified or have been re-certified. Include the year of the initial certification or last re-certification, and the date of expiration.		
Board Certification Name, Specialty, and Subspecialty	Year Certified / Recertified	Expiration Date

Explanation of Work History Gap: Any time periods or gaps since graduation from medical school of greater than 60 days which are not explained in the application thus far must be addressed here. If the application is found to have any unexplained time periods or gaps since medical school of greater than 60 days, the application will be considered incomplete until such time as the information is provided. Please explain any such gaps in the space provided below.		
From Date	To Date	Explanation of Gap

ID Numbers			
State Licensure: List all current and past state licenses			
State of Licensure	**Number**	**Type (e.g., full/training)**	**Expiration Date**
Other ID Numbers			
DEA Number (if applicable):			
I am attesting that my DEA has an Ohio address and full schedule (22N 33N 4 5) as required by The Christ Hospital.			DEA Expiration Date
NPI Number		ECFMG number	ECGMG Date Issued

Additional Information	**Yes**	**No**
Military service obligation/deferment or other service obligation?		
Can you carry out responsibilities/requirements with or without reasonable accommodations?		
Have you been convicted of a misdemeanor in the U.S.?		
Have you been convicted of a felony in the U.S.?		

Applicant Signature

Date

The Christ Hospital Health Network is an equal employment, affirmative action employer. Personnel are chosen based on ability and qualifications without regard to race, color, religion, sex, age, national origin, marital status, handicap, or veteran status in compliance with federal, state, and municipal laws.