
Clinical Cardiac Electrophysiology Fellowship Program Application

UCLA Division of Cardiology David Geffen School of Medicine at UCLA

Personal Information:

Name: _____ *Photo is optional

Address: _____

City: _____ State/Zip Code: _____

Phone: _____ Email: _____

Pager: _____ SS #: _____

Date of Birth: _____ Year applying for: _____

United States Citizen *Permanent Resident *Visa-status

*Please provide a copy of your permanent resident card or visa, ECFMG certificate and Letter of Evaluation (Please see ** below)

Medical License state: _____ License #: _____

Education:

College: _____

Name	From:	To:
------	-------	-----

Medical School: _____

Name	From:	To:
------	-------	-----

Internship: _____

Name	From:	To:
------	-------	-----

Residency: _____

Name	From:	To:
------	-------	-----

ACGME ID#: _____

Fellowship: _____

Name	From:	To:
------	-------	-----

ACGME ID#: _____

** Licensure: To be eligible to be a UCLA house officer, you must have a Letter of Evaluation from the Medical Board of California indicating that you are eligible for resident selection, or a valid California medical license. If you are a graduate of a medical school outside the United States, please provide a copy of the Letter of Evaluation or California medical license with your application.

Any document, which is in a language other than English, must be accompanied by a translated document, which must be translated by an official translator and notarized. Thus, both the original language document and the translated document must be notarized.

Please submit the following:

- 1) **PERSONAL STATEMENT:** Summarize your clinical and research accomplishments. Indicate the clinical and research areas you wish to pursue in the Cardiology Fellowship Program. Discuss the basis of your interest and the role you expect clinical education to have in your long-term career. What do you want to accomplish in the Clinical Cardiac Electrophysiology Cardiology Fellowship Program? **LIMIT:** 3 pages, size 10 font.
- 2) **CURRICULUM VITAE**
- 3) **LETTERS OF RECOMMENDATION:** Three (3) letters of recommendation are required. The letters are to be mailed separately by your evaluators.
- 4) **TRANSCRIPTS:** Graduate, Medical, and Undergraduate. Photocopies of transcripts are acceptable.
SCORES: USMLE, ABIM, or other applicable scores. Photocopies of scores are acceptable.
- 5) **REPRINTS OF PUBLICATIONS:** Photocopies of reprints are acceptable.

I certify that the above information and any other information furnished by me during the application process is true and accurate. I understand that having supplied inaccurate, false or misleading information may be grounds for rejection of my application or for immediate dismissal from the fellowship program, if I am accepted. Furthermore, I fully and completely understand that I will be subject to all other applicable hospital policies and procedures and that violation of any of these may result in release from the program.

Signature: _____ Date: _____

Incomplete applications will not be reviewed. Interviews are scheduled by invitation only.

Please return application and requested documents to:
UCLA Cardiac Arrhythmia Center
100 UCLA Medical Plaza
Suite 660, 6th Floor
Los Angeles, CA 90095

UCLA CCEP Electrophysiology Fellowship Program
Coordinator
(310) 206-6433
jramirez@mednet.ucla.edu

**All applications and supporting documents must be postmarked no later than
December 1st, 2016 for 2018-2019 applications.**