Please attach a recent photo

Application for Appointment to

**Structural Heart Disease Fellowship**

Banner-University Medical Center Phoenix

**LAST NAME FIRST NAME MIDDLE NAME**

**PRESENT ADDRESS CITY & STATE ZIP PHONE**

**PERMANENT ADDRESS (IF DIFFERENT) CITY & STATE ZIP PHONE**

**CITIZENSHIP/Visa Status SOCIAL SECURITY NUMBER DATE OF BIRTH**

(We accept J1 visas only)

**UNDERGRADUATE EDUCATION YEAR GRADUATED & DEGREE**

**ADVANCED DEGREES YEAR GRADUATED & DEGREE**

**MEDICAL SCHOOL MONTH & YEAR OF MATRICULATION**

**ADDRESS DEAN MONTH & YEAR GRADUATED**

**INTERNSHIP MONTH & YEAR COMPLETED**

**RESIDENCY OR OTHER HOSPITAL EXPERIENCE MONTH & YEAR COMPLETED**

**PRESENT MEMBERSHIP IN ORGANIZATIONS (SCIENTIFIC, PROFESSIONAL, OTHERS), PUBLICATIONS**

**Please submit a copy of your personal statement and curriculum vitae with this application.**

**In addition, please request letters of reference from at least three individuals who have first-hand knowledge concerning your professional and personal qualifications; list their names and addresses in the spaces provided. Letters should be sent as described below.**

**NAME ADDRESS CITY & STATE ZIP**

**NAME ADDRESS CITY & STATE ZIP**

**NAME ADDRESS CITY & STATE ZIP**

**SIGNATURE OF APPLICANT DATE**

**Please direct this application and all correspondence to: Marvin Eng, MD, Program Director of the Structural Heart Disease Fellowship Program, Banner-University Medical Center Phoenix and sending by email to:** **David.Alvarez@bannerhealth.com****, (Program Coordinator).**

**Complete application packet contents:**

**Application w/photo**

**CV**

**Personal Statement**

**LOR’s (3)**

**Medical School Transcript**

**USMLE Transcript**