



**APPLICATION FOR INTERVENTIONAL CARDIOLOGY FELLOWSHIP  
FOR FELLOWSHIP YEAR BEGINNING JULY 20\_\_**

**Instructions:**

1. Please complete this application form. Attach a copy of your Curriculum Vitae and a photograph (optional) and personal statement.
2. Three letters of recommendation are required. One letter should come from the Applicant's Cardiovascular Fellowship Program Director, and another from the Division Chief of Cardiology at your present institution. It is best if the letters are attached to your application in sealed envelopes with their signature across the seal, rather than being sent in separately.
3. Application, letters of recommendation and other correspondence should be addressed to Michael Ragosta, M.D., Interventional Cardiology Fellowship Program, University of Virginia Health System, P.O. Box 800158, Charlottesville, Virginia, 22908.

Please refer to our web site at: <http://www.healthsystem.virginia.edu/cardiofellows> for more information, or contact Program Administrator Terri Ellison at (434) 924-9001.

Last Name

First Name

Middle Initial

Email Address

Home Address

City

State

Zip

Phone

FAX

Work Address

City

State

Zip

Phone

FAX

Social Security No.

Visa Status (If Applicable)

**EDUCATIONAL HISTORY**

**Premedical College**

**Degree/Date**

**Medical College**

**Degree/Date**

**Internship**

**Dates**

**Residency**

**Dates**

**Fellowship**

**Dates**

**Previous Military Service & PHS or Military Obligations:**

**Honors, Awards, Organizations:**

**Research or Related Activities:**

**Publications:**

**Future Career Plans:**

**Date**

**Signature**\_\_\_\_\_