

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER  
DIVISION OF CARDIOVASCULAR DISEASES**

|  |  |  |  |   |
|--|--|--|--|---|
| <b>APPLICATION FOR FELLOWSHIP – PAGE 1</b>   |  |  |  | (Optional)<br><br>Attach Recent<br><br>Photograph |
| Name (Last)  |  | Name (First) (Middle)  |  |   |
| Social Security No.  |  | Date and Place of Birth  |  |   |
| Shall participate in MRMP Match  |  | NRMP Number  |  |   |
| Present Address (street)   |  | Present Address (city) (state) (zip)   |  |   |
| Present Phone Nos. (Day)   |  | Present Phone Nos. (Evening)   |  |   |
| Permanent Address: (Name of Person through Whom I Can Always Be Contacted)   |  |  |  |   |
| (street)   |  | (city) (state) (zip)   |  |   |
| Permanent Phone No.  |  | Number of Dependents   |  |   |
| Citizenship<br><input type="checkbox"/> U.S.<br><input type="checkbox"/> Other   |  | Visa Status<br><input type="checkbox"/> Permanent<br><input type="checkbox"/> Temporary (Specify: J-1____ H-1____) |  |   |
| <b>MEDICAL EDUCATION</b>   |  |  |  |   |
| Medical School(s) (Name)   |  | Medical School(s) (City) (State)   |  |   |
| Month/Year of Matriculation at Medical School  |  | Month/Year of Graduation   |  |   |
| Residency Training Completed/Planned   |  |  |  |   |
| Honors/Awards  |  |  |  |   |
| At the time I begin the graduate medical education program for which I am now applying, I will have taken the examinations checked below:<br><input type="checkbox"/> NSME, Part I <input type="checkbox"/> NSME, Part II <input type="checkbox"/> Federation Licensing Examination (Flex) <input type="checkbox"/> ABIM |  |  |  |   |
| I have already passed the examinations below on the date indicated:<br><input type="checkbox"/> NSME, Part I: (Date)_____ <input type="checkbox"/> NSME, Part II: (Date)_____    State(s) of Licensure _____<br><input type="checkbox"/> Flex: (Date)_____ <input type="checkbox"/> ABIM: (Date)_____                    |  |  |  |   |
| <b>PLEASE RETURN TO:</b><br><b>Division of Cardiovascular Diseases</b><br><b>University of Tennessee Health Science Center</b><br><b>951 Court Avenue, Room 353 Dobbs</b><br><b>Memphis, TN 38163</b>  |  |  |  |   |

**APPLICATION FOR FELLOWSHIP – PAGE 2**

**UNDERGRADUATE EDUCATION**

| Undergraduate College(s)<br>Name | City | State | From(Month/Yr) | To(Month/Yr) | Major | Degree(If Any) |
|----------------------------------|------|-------|----------------|--------------|-------|----------------|
|                                  |      |       |                |              |       |                |
|                                  |      |       |                |              |       |                |
|                                  |      |       |                |              |       |                |
|                                  |      |       |                |              |       |                |

**GRADUATE EDUCATION**

| Graduate School(s)<br>Name | City | State | From(Month/Yr) | To(Month/Yr) | Area of Study | Graduate Date (If Any) |
|----------------------------|------|-------|----------------|--------------|---------------|------------------------|
|                            |      |       |                |              |               |                        |
|                            |      |       |                |              |               |                        |
|                            |      |       |                |              |               |                        |
|                            |      |       |                |              |               |                        |

**PUBLICATIONS**

Papers Presented

Work Experience

**Service Obligations (National Health Service Corps, Armed Forces Scholarship, State Programs, Etc.)**

- I AM NOT REQUIRED TO FULFILL ANY SERVICE OBLIGATIONS
- I AM COMMITTED TO FULFILL A SERVICE OBLIGATION BEGINNING \_\_\_\_\_ MO./YR.  
NUMBER OF YEARS COMMITTED \_\_\_\_\_

**Interview Scheduling**

- THE FOLLOWING GENERAL TIME PERIOD(S) IS MOST CONVENIENT FOR ME:  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- I AM ABLE TO SCHEDULE AN INTERVIEW ON THE FOLLOWING SPECIFIC DATE(S):
- I AM NOT ABLE TO COME FOR AN INTERVIEW

I HAVE READ AND I UNDERSTAND THE INSTRUCTIONS FOR THE COMPLETION OF THIS APPLICATION. I CERTIFY THAT THE INFORMATION SUBMITTED IN THESE APPLICATION MATERIALS IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR MISSING INFORMATION MAY DISQUALIFY ME FOR THIS POSITION.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: THE SIGNATURE AND DATE ON EACH APPLICATION MUST BE ORIGINAL

**APPLICATION FOR FELLOWSHIP – PAGE 3**

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BEGINNING IN \_\_\_\_\_  
(YEAR)

(Type or Print; black ink is preferred)

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Name (LAST)

(FIRST)

(MIDDLE)

SOCIAL SECURITY NUMBER

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I AM APPLYING TO THE FOLLOWING GRADUATE PROGRAM: DESIGNATION OF PROGRAM AND PROGRAM NRMP CODE)

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(NAME OF HOSPITAL)

UNIVERSITY OF TENNESSEE

(CITY/STATE)

MEMPHIS, TN

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**PERSONAL STATEMENT (USE ADDITIONAL SHEET, IF NECESSARY)**

**APPLICATION FOR FELLOWSHIP – PAGE 4**

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IN ADDITION TO A LETTER FROM THE OFFICE OF THE DEAN OF THE MEDICAL SCHOOL FROM WHICH I HAVE GRADUATED, THE FOLLOWING INDIVIDUALS, WHO KNOW MY QUALIFICATIONS WELL, HAVE BEEN ASKED TO WRITE REFERENCES FOR ME.

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A.     NAME AND TITLE  
       INSTITUTION  
       ADDRESS

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B.     NAME AND TITLE  
       INSTITUTION  
       ADDRESS

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C.     NAME AND TITLE  
       INSTITUTION  
       ADDRESS

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D.     NAME AND TITLE  
       INSTITUTION  
       ADDRESS

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(CHECK ONE)

I HEREBY WAIVE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.

I DESIRE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.

\_\_\_\_\_  
NAME OF APPLICANT – TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**NOTE: THE SIGNATURE AND DATE ON THIS STATEMENT MUST BE ORIGINAL**