



**St. Vincent Hospitals and Health Services
Indianapolis, Indiana
CLINICAL CARDIAC ELECTROPHYSIOLOGY FELLOWSHIP Application**

Please type or print legibly

To begin on: _____

| | | |
|-----------|------------|---------|
| Last name | First name | Initial |
|-----------|------------|---------|

| | | | | |
|--------------|------|-------|-----|----------------|
| Home address | City | State | Zip | Home Telephone |
|--------------|------|-------|-----|----------------|

| | | |
|-------------------|---------------|----------------|
| Work number/Pager | Date of Birth | e-mail address |
|-------------------|---------------|----------------|

| | |
|--------------------------|--|
| Social Security # | If not a US citizen, what is your visa status? |
|--------------------------|--|

UNDERGRADUATE EDUCATION

| | | |
|-------------------------------|-----------|---------------------|
| College or University/Address | Degree(s) | Dates of Attendance |
|-------------------------------|-----------|---------------------|

| | | |
|-------------------------------|-----------|---------------------|
| College or University/Address | Degree(s) | Dates of Attendance |
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PROFESSIONAL EDUCATION

| | | |
|-------------------------------|-----------|---------------------|
| College or University/Address | Degree(s) | Dates of Attendance |
|-------------------------------|-----------|---------------------|

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| College or University/Address | Degree(s) | Dates of Attendance |
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INTERNSHIP, RESIDENCY, FELLOWSHIP

| | | |
|------------|------------------|-------|
| Internship | Hospital/Address | Dates |
|------------|------------------|-------|

| | | |
|-----------|------------------|-------|
| Residency | Hospital/Address | Dates |
|-----------|------------------|-------|

| | | |
|------------|------------------|-------|
| Fellowship | Hospital/Address | Dates |
|------------|------------------|-------|

LAST NAME: _____**MILITARY SERVICE**

| Branch | Dates | Highest Rank | Reserve Commission |
|--------|-------|--------------|--------------------|
|--------|-------|--------------|--------------------|

STATE MEDICAL LICENSE

| State | Expiration Date | License Number |
|-------|-----------------|----------------|
|-------|-----------------|----------------|

ECFMG CERTIFICATION

| Certificate Number | Date of Certificate |
|--------------------|---------------------|
|--------------------|---------------------|

PROFESSIONAL LIABILITY (If the answer to any of the following three questions is yes, please give full details on a separate sheet of paper.)

1. Has your license to practice medicine in any jurisdiction ever been limited, suspended or revoked, or is any such action pending? Yes_____ No_____
2. Have your privileges at any hospital ever been suspended, diminished, revoked or not renewed, or is any such action pending? Yes_____ No_____
3. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any medical institution, or is such action pending? Yes_____ No_____

Please submit the following additional materials with this application:

1. Copies of your USMLE Steps 1, 2, and 3 or equivalent
2. Official Medical School Transcript
3. Curriculum Vitae (please include a list of memberships/fellowships, awards/honors, research activities/grants and publications)
4. Personal statement
5. An unmounted recent photograph
6. **Three** letters of recommendation, including one from your residency program director (and research supervisor, if applicable) forwarded to the address listed below.

Mail complete package to:

Lisa Pogue, Coordinator/Cardiology Fellowship Program
St. Vincent Hospital

The Care Group, LLC.

8333 Naab Road, Suite 400

Indianapolis, IN 46260

Phone: 317-338-6371

Fax: 317-338-9259

E-mail: lpogue@thecaregroup.com

Submission deadline: March 1st.