

**APPLICATION FOR ELECTROPHYSIOLOGY FELLOWSHIP
MID AMERICA HEART INSTITUTE-UNIVERSITY OF MISSOURI-
KANSAS CITY SCHOOL OF MEDICINE**

(Please Print or Type)

NAME: _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____ CITIZENSHIP: _____ Visa: _____

PLACE OF BIRTH: _____ SS#: _____

CURRENT ADDRESS: _____ E-mail address: _____

WORK ADDRESS: _____

HOME PHONE: () _____ WORK PHONE: () _____

MEDICAL SCHOOL: _____
(CITY/STATE/COUNTRY)

DATE OF GRADUATION: _____ DEGREE: _____

SPECIALTY: _____ DATES: _____

CURRENT POSITION: _____

LOCATION: _____
(STREET ADDRESS/CITY/STATE/COUNTRY)

BOARD ELIGIBLE IN: _____

BOARD CERTIFIED IN: _____ DATE: _____

REFERENCES

**NOTE: Please send recommendation letters with application as one packet.
Brian Ramza, MD, Office of Cardiovascular Education, c/o CV Education Coordinator
4401 Wornall Road, Kansas City, Missouri 64111**

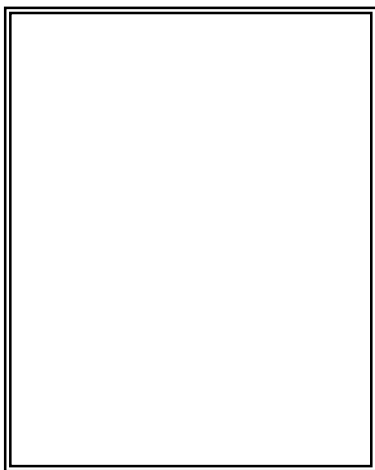
1. _____
2. _____
3. _____

INTEREST AND INVOLVEMENT IN RESEARCH:

PLEASE DESCRIBE BRIEFLY YOUR REASONS FOR APPLYING TO THIS PROGRAM, AND YOUR FUTURE CAREER GOALS:

SIGNATURE: _____ **DATE:** _____

PLEASE INCLUDE PHOTO:



This application packet must include the following:

- **Application**
- **3 Letters of recommendation**
- **Personal statement**
- **Current Curriculum Vitae**