

## **ST. LOUIS UNIVERSITY HOSPITAL INTERVENTIONAL CARDIOLOGY FELLOWSHIP PROGRAM**

The interventional cardiology fellowship program at St. Louis University is a one year program for physicians who have completed Internal Medicine and General Cardiology training. Requirements include board certification in Internal Medicine and completion of at least 3 years of training in a Cardiology fellowship including certification for cardiac catheterization and coronary angiography.

One fellow is accepted each academic year. The fellows responsibilities include evaluation and care of patients referred for cardiac catheterization and undergoing interventional procedures and performance of those procedures with the attending interventional cardiologists. Fellows will be involved in over 350 procedures including coronary intervention, structural heart disease, and peripheral interventions. Fellows will also participate in ongoing clinical trials in the cardiac catheterization labs and perform a research project for publication.

The interventional cardiology affiliated hospitals include St. Louis University Hospital and John Cochran VA Medical Center. Upon completion of the training, the fellow will have qualifications to perform coronary and peripheral interventions. Fellows will be board eligible for the American Board of Internal Medicine, Interventional Cardiology certifying examination.

**St. Louis University School of  
Medicine Division of Cardiology  
2016-2017 Interventional Fellowship Training Program**

**Application Instruction Sheet**

Please use this sheet as a “checklist” for application requirements!

- I. Please send the following letters of recommendation and have them addressed to **Michael Forsberg, M.D.** Director of Fellowship Training in Interventional Cardiology. The address is the same as listed on the application.
  1. Chief of Service or Director during Fellowship.
  2. Two other physicians who are qualified to evaluate your ability and qualifications for the specific fellowship.
  3. Copies of official scores from all exams attempted since your matriculation into medical school.  
  
***ABIM***  
***USMLE***  
***FLEX***  
***NBME***
  4. Curriculum Vitae.
  5. Personal Statement.
  6. If you are a graduate of a medical school outside the United States or Canada, please send a copy of your ***ECFMG certificate***.
  7. Please attach a ***photo*** of yourself to the application.

**THE DEADLINE FOR RECEIVING YOUR APPLICATION MATERIAL IS  
*Friday, January 15th***

**ST. LOUIS UNIVERSITY SCHOOL OF  
MEDICINE APPLICATION FOR  
INTERVENTIONAL CARDIOLOGY  
FELLOWSHIP 2016-2017**

Return this application and all necessary documents (**January 15th**)

To: Michael Forsberg., M.D.  
Director, Fellowship Training Interventional Cardiology  
St. Louis University Hospital  
3635 Vista Ave at Grand Blvd.  
DFT13  
St. Louis, MO 63110  
Attention: Denise  
Bizenberger  
Phone: (314) 268-7992  
Fax: (314) 268-5410

Attach Recent Photograph Here

**PERSONAL DATA**

Name in Full: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code Country

Telephone: \_\_\_\_\_  
Home Telephone Number Work Telephone Number

E-mail: \_\_\_\_\_  
Cell phone

Work Address: Street Address  
\_\_\_\_\_  
City State Zip Code Country

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(optional) (optional)

Citizenship: \_\_\_\_\_

**If not a citizen of the United States please check:**

Permanent Resident

J-I Visa

Other: \_\_\_\_\_

Please enclose a copy of your immigration visa together with the date and results of the Foreign Medical Graduate test.

**EDUCATION**

List degrees, honors,  
majors, minors:

\_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr)

**College:** \_\_\_\_\_  
Name Degree

\_\_\_\_\_ City State Country

\_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr)

**Medical School:** \_\_\_\_\_  
Name Degree

\_\_\_\_\_ City State Country

\_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr)

**Graduate School:** \_\_\_\_\_  
Name Degree

\_\_\_\_\_ City State Country

**POST-GRADUATE MEDICAL TRAINING**

\_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr)

**Internship:** \_\_\_\_\_  
Hospital Name

\_\_\_\_\_ Type Chief/Department Chairman

\_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr)

**Residency:** \_\_\_\_\_  
Hospital Name

\_\_\_\_\_ Type Chief/Department Chairman

\_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr)

**Fellowship:** \_\_\_\_\_  
Hospital Name

\_\_\_\_\_ Type Chief/Department Chairman

\_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr)

**Present Position:** \_\_\_\_\_  
Hospital Name

\_\_\_\_\_ Type Chief/Department Chairman

Other Post-Graduate Training:

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Post Graduate Research Training:

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Previous Research Experience (as a student or house officer):

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**OFFICIAL SCORES:**

List all (post-matriculation) examinations you have taken, scores and dates (ABIM, USMLE, NBME, FLEX, etc.):

<u>EXAM</u>	<u>SCORES</u>	<u>DATE</u>
ABIM		
Internal Medicine	_____	_____
Cardiovascular Disease	_____	_____
USMLE I	_____	_____
USMLE II	_____	_____
USMLE III	_____	_____
FLEX	_____	_____
NBME	_____	_____

Honors, Awards:

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List states licensed to practice: \_\_\_\_\_

Bibliography: List articles that have been published or accepted for publication in peer review journals  
**One reprint of each article should be included with the application.**

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Medical and scientific affiliations:

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_