

Cardiology Education  
6720 Bertner Avenue (MC 1-133)  
Houston, Texas 77030  
832/355-6676 Fax 832/355-8374

February 2015

Dear Applicant:

Thank you for your interest in our program. Please find attached the application and information concerning **the Baylor College of Medicine Heart Failure and Transplant Cardiology Fellowship Program** at Baylor St. Luke's Medical Center, Home of the Texas Heart Institute, for July 2016.

Enclosed is an application and release form that are to be completed and returned to the address shown below. You must also provide: 1) three letters of recommendation (one from your Training Program Director and two from physicians with whom you have worked during your fellowship); 2) a current curriculum vitae; 3) a personal statement; 4) One small passport style photographs of yourself , 5) One (1) copies of your medical school diploma which bears an original notary seal and, 6) your medical school transcript. International Medical Graduates must also complete and return the Visa Status Questionnaire and provide one (1) notarized copies each (with statement) of their validity: ECFMG certificate, Ministry of Health letter (J1 visa holders), official Medical School transcript, and Diploma. When all of these documents have been received, your file will be referred to the Fellowship Review Committee. Please note our **application deadline is May 30, 2015**. *Please note: We do not accept H1B visas.*

Upon the Committee's recommendation, you will be contacted to interview. Interviews are scheduled on Fridays only and will begin in **June 2015**.

Appointment to our training program is contingent upon meeting the requirements of the Texas State Board of Medical Examiners to obtain a physician-in-training permit, or a valid Texas medical license.

**Your application and required supporting documents, CV, release form, and photographs should be directed to:**

Mary R. Jones  
Coordinator, Cardiology Fellowship Program  
St. Luke's Episcopal Hospital  
6720 Bertner, MC 1-133  
Houston, Texas 77030

**Letters of recommendation should be addressed and directed to:**

Andrew Civitello, M.D.  
Program Director, Heart Failure and Transplant Cardiology Fellowship  
St. Luke's Episcopal Hospital/Texas Heart Institute  
6720 Bertner, MC 1-133  
Houston, Texas 77030

Thank you for your interest in the Baylor College of Medicine, St. Luke's Episcopal Hospital Cardiology Fellowship Program.

Sincerely,



Mary R. Jones  
Coordinator, Cardiology Fellowship Program

Enclosures

All complete applications and supporting documents must be postmarked no later than May 30, 2015.

*PLEASE PRINT AND USE AS CHECK-LIST FOR YOUR APPLICATION PACKET*

**BAYLOR COLLEGE OF MEDICINE – HEART FAILURE AND TRANSPLANT  
CARDIOLOGY FELLOWSHIP APPLICATION  
REQUIRED DOCUMENTS FOR FELLOWSHIP APPLICATION  
UNITED STATES MEDICAL GRADUATES (USMG's)**

- \_\_\_\_\_ Application
- \_\_\_\_\_ Personal Statement
- \_\_\_\_\_ Curriculum Vitae
- \_\_\_\_\_ One (1) copy each of the following: Internal Medicine Diploma, Cardiovascular Disease Diploma OR Radiology Diploma, Medical School Diploma. All Diplomas must bear an original notary seal (with a statement that it is a true copy of the original document) and One (1) Medical School transcript
- \_\_\_\_\_ Three (3) Letters of Recommendation
- \_\_\_\_\_ One (1) Passport-Style Photographs

**INTERNATIONAL MEDICAL GRADUATES (IMG's)**

- \_\_\_\_\_ Application
- \_\_\_\_\_ Personal Statement
- \_\_\_\_\_ Curriculum Vitae
- \_\_\_\_\_ \*\*One (1) Medical College Diploma – notarized (with the statement “This is a true copy of the original document”)
- \_\_\_\_\_ \*\* One (1) Medical School transcript
- \_\_\_\_\_ \*\* One (1) Valid ECFMG (**Valid Indefinitely**) Document or Interim Letter or Current, Non-Restricted License to Practice Medicine from Another State (USA or Canada) notarized (with the statement “This is a true copy of the original document”)
- \_\_\_\_\_ \*\* One (1) Ministry of Health letters – notarized (with the statement “This is a true copy of the original document”)
- \_\_\_\_\_ Visa Status Questionnaire
- \_\_\_\_\_ Three (3) Letters of Recommendation
- \_\_\_\_\_ One (1) Passport-Style Photographs

\*\* Items marked by an asterisk must be either an original document or a notarized copy of an original document. Notarized copies must bear the following statement: "This is to certify that this is a copy, made in my presence, of an original document which bears no evidence of alteration."

**Any document which is in a language other than English**, must be accompanied by a translated document which must be translated by an official translator and notarized. Thus, both the original language document and the translated document must be notarized.

**BAYLOR COLLEGE OF MEDICINE  
 ADVANCED HEART FAILURE AND TRANSPLANT  
 CARDIOLOGY FELLOWSHIP PROGRAM  
 BAYLOR ST. LUKE'S MEDICAL CENTER/ TEXAS HEART INSTITUTE  
 2016-17 APPLICATION**

Andrew Civitello, M.D.  
 Medical Director, Advanced Heart Failure  
 and Transplant Cardiology Fellowship  
 St. Luke's Episcopal Hospital  
 6720 Bertner Ave., MC 1-133  
 Houston, TX 77030

Telephone and Fax Inquiries to:  
 Mary R. Jones  
 Coordinator, Cardiology Education  
 Phone: (832) 355-6676  
 Fax: (832) 355-8374

Please provide a small  
 passport style photograph  
 in this space.

Cardiovascular Disease Fellowship training is a minimum of 3 years. Interventional  
 Cardiology, Electrophysiology and Heart Failure/Transplant require a 4<sup>th</sup> year of training.

**APPLICATION DEADLINE IS MAY 30, 2015**

This program is not a part of the National Resident Matching Program.

Application for fellowship appointment in (specialty):	Level of training applied for:	Beginning: Month/Day/Year
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NAME: Last	First	Middle	Present Address:	
NPI #:	Email:			
Telephone: (Home)	Telephone (Hospital or School)		Social Security Number:	
Permanent Home Address:			Name and address of someone always able to contact you:	
Birthdate:Month, Day, Year	Place of Birth	Citizenship	If non-citizen, date of entry into US	
If non citizen, type of visa currently held (Exchange Visitor, Immigrant, etc.):				
Do you have any conditions which might impair your participation in the program? If so, please describe.				

**EDUCATION:**

College	Name	From	To	Degree
	Address			
Medical School	Name	From	To	Degree
	Address			
	Name	From	To	Degree
	Address			

Residency	Hospital	From	To	Field	
			City and State		
And	Hospital	From	To	Field	
			City and State		
Fellowship	Hospital	From	To	Field	
			City and State		
Graduate School	College	From	To	Degree(s)	
	Field(s)				

Practice or Other clinical Experience	Location	From	To
	Type		
	Location	From	To
	Type		

Faculty Appointments	College	From	To	
	Department	Rank		
	College	From	To	
	Department	Rank		

U.S. Board certification or Eligibility	Specialty	Certified or eligible (circle one)	Date of certification
	Specialty	Certified or eligible (circle one)	Date of certification

MEDICAL LICENSURE:	State _____ Year Issued _____
	State _____ Year Issued _____

Indicate scores of completed exams (attach a photocopy of results) or indicate date taken if results are not yet available.  
 United States Medical Licensing Examination (USMLE):

Step I \_\_\_\_\_; Step II \_\_\_\_\_; Step III \_\_\_\_\_

National Board Exams (NBE): Part I \_\_\_\_\_; Part II \_\_\_\_\_; Part III \_\_\_\_\_

FLEX Exam: Component I \_\_\_\_\_; Component II \_\_\_\_\_;

Foreign Medical Graduates Exam (FMGEMS) Scores:

Basic Science \_\_\_\_\_; Clinical Science \_\_\_\_\_

Foreign Medical Graduates Only: Attach a notarized photocopy of a valid Educational Commission for Foreign Medical Graduates (ECFMG) certificate or interim letter (Form 135) or current, non-restricted license to practice medicine from another state (USA or Canada).

**PROFESSIONAL GOALS AND CAREER PLANS (omit if included in CV or personal statement)**

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**RESEARCH EXPERIENCE:**

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**PUBLICATIONS:** If applicable, please list publications on a separate sheet.

**REFERENCES:** Please request three (3) physicians or professional supervisors to send a letter of evaluation. One letter must be from the Internal Medicine Training Program Director and two from physicians with whom you have worked during your residency. Please ask that your evaluators comment on academic and personal attributes such as judgement, industry, interpersonal relations, capacity to assume responsibility and professional ethics. Please have these recommendations sent directly to the address listed below.

Program Director	Address
Other Recommenders	Address

I certify that to the best of my knowledge the above information is accurate and correct.

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

**Please Address Letters of Recommendations To:**

Andrew Civitello, M.D.  
 Medical Director, Advanced Heart Failure  
 and Transplant Cardiology Fellowship  
 CHI Baylor St. Luke's Med Center/ Texas Heart Institute  
 6720 Bertner Ave., (MC 1-133)  
 Houston, Texas 77030

**Please Address All Other Correspondence To:**

Mary R. Jones  
 Coordinator, Fellowship Program  
 CHI Baylor St. Luke's Medical Center  
 6720 Bertner Ave., (MC 1-133)  
 Houston, Texas 77030

In accordance with State law, I hereby release and hold harmless from any liability or loss, CHI Baylor St. Luke's Medical Center, its officers, agents, and employees and members for acts performed in good faith and without malice in connection with evaluating my application, credentials, and qualifications, and hereby release from any liability any and all individuals and organizations , or to their authorized representatives, concerning my professional competence, ethical conduct, character, and other qualifications for fellowship.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of applicant

**EXAMINATION AND VISA REQUIREMENTS FOR INTERNATIONAL  
MEDICAL GRADUATES APPLYING TO A GRADUATE MEDICAL EDUCATION PROGRAM**

**Examination Requirements**

New Examination Requirements effective June 2004 for new medical graduates:

	<b>Pass USMLE 1 Basic Science &amp; USMLE 2 Clinical Knowledge</b>	<b>USMLE Step 2 Clinical Skills (eliminated English proficiency exam)</b>	<b>Obtain ECFMG Certificate</b>	<b>Secure Training Position</b>	<b>Obtain a Visa</b>
US Citizen @ US Medical School	√	√	N/A	√	N/A
Foreign National @ US Medical School	√	√	N/A	√	√
US Citizen @ Int'l Medical School (USIMG)	√	√	√	√	N/A
Foreign National @ Int'l Medical School (FNIMG)	√	√	√	√	√

Foreign National who graduated from an international medical school prior to June 2004 may provide an acceptable combination of components of the former Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), the National Board of Medical Examiners® (NBME®) Part sequence, or the Visa Qualifying Examination (VQE) in lieu of the USMLE Parts I and II.

**Visa Requirements**

U.S. Citizen who attended a U.S. or an international medical school does not need a visa.

Foreign national physicians who attended a U.S. or an international medical school will need to obtain a visa in order to participate in a U.S. graduate medical education or training (residency or clinical fellowship program). In order for the International Services Office (ISO) to assess what type of visa the foreign national needs, please provide the following documents to our office:

- Application Form
- Completed Visa Status Questionnaire
- Curriculum Vitae
- USMLE 1, USMLE 2, and CS exam results
- Visa Documents (if applicant is current in the U.S.)

Any foreign national physician who is not a U.S. citizen will fall under one of the following categories:

- Nonimmigrant
- Pending Immigrant
- U.S. Permanent Resident

## Nonimmigrants

All foreign national physicians who are not a Pending Immigrant or an Immigrant (U.S. permanent resident or green card holder) must obtain a visa. Here are some of the possible visa options:

### ***F-1 Student Visa***

If your foreign national is currently on an F-1 student visa and will be graduating from a U.S. medical school, (s)he may be eligible to use the 12-month optional practical training (OPT) to do the first year of residency. The foreign national must apply and obtain an employment authorization document (EAD card) for OPT prior to starting residency.

### ***J-1 Exchange Visitor Visa Sponsored by ECFMG***

Foreign national physicians seeking J-1 sponsorship to enroll or continue in programs of graduate medical education (GME) or training in the United States must: (1) have passed USMLE Step 1 and Step 2 [and/or an acceptable combination of components of the former Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), the National Board of Medical Examiners® (NBME®) Part sequence, or the Visa Qualifying Examination (VQE)], (2) hold a valid Standard ECFMG Certificate at commencement of training, (3) hold a contract or an official letter of offer for a position in an accredited program of graduate medical education or training that is affiliated with a medical school, (4) provide a Statement of Need from the Ministry of Health of the country of last legal permanent residence, regardless of country of citizenship. This statement provides written assurance that the country needs physicians trained in the proposed specialty and/or subspecialty. It also serves to confirm the applicant physician's commitment to return to that country upon completion of training in the United States, as required by Section 212(e) of the Immigration and Nationality Act, as amended.

To obtain a J-1 visa sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG), an application must be submitted and approved by ECFMG before the foreign national physician may begin his/her clinical training. The following documents are needed for the J-1 application (for more detail instructions, visit the ECFMG website at <http://www.ecfm.org/evsp/index.html>):

- Evidence of payment of the \$200 ECFMG administrative fee
- ECFMG Application Form
- Completed top portion of the Form I-644 (only for J-1 continuation of sponsorship applicant)
- Copy of GME contract letter
- Fellowship program description (only if applicant entering a subspecialty training)
- Ministry of Health letter
- Copy of passport identification page
- Current C.V. (only for J-1 initial sponsorship applicant)
- ECFMG Certificate (only for J-1 initial sponsorship applicant; if applicant attend a LCME-accredited U.S. or Canadian medical school, provide a copy of medical diploma and a full-frontal passport photo in lieu of ECFMG certificate)
- ISO Fee Form or a check in the amount of \$100 ISO administrative fee payable to the "International Services Office"

Note that additional documentation will be needed if the clinical training program is not ACGME accredited.

## Pending Immigrants

Individual must be able to provide a valid work authorization document, such as a valid employment authorization document (EAD card).



U.S. Permanent Resident (Immigrant or Green Card Holder)

Individual must be able to provide a valid work authorization document, such as an alien registration card or a green card.