Hackensack Meridian *Health*
Hackensack University Medical Center

Structural and Congenital Heart Center
Hackensack Meridian Health
Hackensack School of Medicine
30 Prospect Avenue Main Building
Hackensack NJ, 07601
Structural Heart Disease Fellowship Applicant

Post-Graduate Training in Interventional Cardiology

Last Name	**First Name**	**Middle Name**
Street	**State**	**Apt #**
City	**State**	**Zip Code**
Country		
Daytime Phone	**Evening Phone**	**Cell phone**
		Y N
Date of Birth	**Place of Birth (City/State)**	**U.S Citizenship**
Social Security Number	**Country of Citizenship**	
PLEASE NOTE HACKENSACK	**MERIDIAN HEALTH**	**DOES NOT SUPPORT VISAS**
Hospital	**Street**	
City	**State**	**Zip Code**
Hospital Telephone		**Pager #**
College / University	**Graduation Date**	**Degree**

Medical School	**Graduation Date**	**Degree**
Internship (Hospital)	**Dates**	**Type**
Previous Residency (Hospital)	**Dates**	**Type**
Fellowship Training	**Dates**	**Type**
Other Medical Training	**Dates**	**Type**
USMLE/ECFMG Scores	**Step 1 / Step 2**	**Step 2 CS / Step 3**

I hereby certify the above information is complete and accurate.

_____ _____

Signature Date above

Please submit all documents as one PDF or document electronically:

A Complete Application Must Include:
Application Form
Curriculum Vitae
3 Letters of Recommendation
Diplomas & Licenses
USMLE certificate
Picture
Personal Statement

The Personal Statement should be 1-2 pages describing your interest in the fellowship program and how it pertains to your future goals and academic interests.

Applicants must be eligible to apply for NJ State medical, DEA, and CDS licenses

RETURN COMPLETED APPLICATION TO:

Soraya Guzman
Fellowship Coordinator, Structural and Congenital Heart Dept.
Email: Soraya.guzman@hmhn.org

Or Address:

30 Prospect Avenue 5 Main, Room 5645
Hackensack NJ 07601
551-996-5566

Best Way to Contact you:

Email _____ Cellphone: _____

Other: _____