



Cardiology Advanced Fellowship Application 2025-2026

Fellowship applying for (i.e., Cardiac Imaging, Cardiac Cath, etc.):

Name:

Present Street Address:

City/State/Zip:

Cell Phone:

Personal E-mail address:

Place of birth:

Are you a U.S. citizen? Yes No

If no, Visa type:

Are you eligible or authorized to work in the U.S.? Yes No

Education and Training

1. College Institution:

Dates attended & Degree:

2. Medical School:

Dates attended & Degree:

3. Residency Institution:

Dates attended (MM/DD/YY):

PGY Completed:

4. Fellowship Institution:

Dates attended (MM/DD/YY):

PGY level upon completion:

Are you active military? Yes No

Medical License Number and State(s):

Have you been or are you currently the subject of disciplinary proceedings by any State licensure agency? Yes No

Have you been or are you currently the subject of disciplinary proceedings by any Hospital? Yes No
If you answered "Yes" to either, please explain on an additional sheet of paper and attach to this application.



The following is **required** to support your application:

- Three letters of recommendation. One letter should be from the Director of your Fellowship Training Program.
- Current Curriculum Vitae
- Copy of Medical Diploma
- Personal Statement
- A recent photograph
- ECFMG Certificate if applicable

Please contact the program directly for information about any additional requirements.

- *I certify that the facts and information I have provided on this application, on other pre-employment documents and during interviews are true and complete, and I agree that, if I receive an appointment, incorrect, incomplete or falsified information will be grounds for dismissal, regardless of when discovered.*
- *I understand that I must successfully complete a pre-employment physical evaluation conducted by Cincinnati Children's Hospital Medical Center at the expense of Cincinnati Children's. Additional expenses related to specialized testing or follow-up by my private physician will be my responsibility.*
- *I authorize Cincinnati Children's to investigate all statements made herein or in my interviews and to obtain conviction records, complete reference checks and obtain any other information relevant to my application, and I release Cincinnati Children's and all other parties from any and all liability for any damages that may result from obtaining or furnishing such information.*
- *I agree to observe all present and subsequently issued personnel policies and procedures of Cincinnati Children's.*
- *I understand that Cincinnati Children's maintains a drug-free workplace as required by the Drug-Free Workplace Act of 1988. I agree to submit to a drug screen prior to beginning my appointment with Cincinnati Children's. I understand that I will not be considered for an appointment at Cincinnati Children's if I fail to consent to testing, fail to authorize release of results or tamper with the results in any way. I understand that the unlawful manufacture, distribution, sale, possession, or use of controlled substances or illegal drugs is prohibited on Cincinnati Children's time and in and on property owned or controlled by Cincinnati Children's.*
- *I understand that I must obtain and maintain a valid permanent Ohio Medical License or an Ohio Medical Training Certificate before my first day of employment. Fees required to obtain the license or training certificate are my responsibility and not the responsibility of Cincinnati Children's. I understand that the institution's liability insurance is available for residents during their employment at Cincinnati Children's.*
- *I understand that I must submit to and successfully complete a criminal records background check prior to employment at Cincinnati Children's, in accordance with Ohio State Law.*
- *I understand that in consideration of the hospital's patients, Cincinnati Children's maintains a smoke-free workplace.*

Signature:

Date:

Please email completed application and support documents to HI.Fellowship@cchmc.org