

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

February 21, 2011

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 St. Luke's Episcopal Hospital, Home of the Texas Heart Institute, for July 2012.

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 (this must be original). 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 September 1, 2011.** *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 late **September/early October 2011.**

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:

Roberta Bogaev, M.D.
Medical Director, Heart Failure and Transplant Cardiology Fellowship
St. Luke's Episcopal Hospital/The 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 September 1, 2011.

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 – this must be an original transcript from your school.
- _____ 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 – this must be an original 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
HEART FAILURE AND TRANSPLANT
CARDIOLOGY FELLOWSHIP PROGRAM
ST. LUKE'S EPISCOPAL HOSPITAL/ TEXAS HEART INSTITUTE**

2012 APPLICATION

Roberta Bogaev, M.D.
Medical Director, 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 4th year of training.

APPLICATION DEADLINE IS September 1, 2011

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:	
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)

RESEARCH EXPERIENCE:

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:

Roberta Bogaev, M.D.
 Medical Director, Heart Failure and Transplant
 Cardiology Fellowship
 St. Luke's Episcopal Hospital / Texas Heart Institute
 6720 Bertner Ave., (MC 1-133)
 Houston, Texas 77030

Please Address All Other Correspondence To:

Mary R. Jones
 Coordinator, Fellowship Program
 St. Luke's Episcopal Hospital
 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, St. Luke's Episcopal Hospital, 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:

	Pass USMLE 1 Basic Science & USMLE 2 Clinical Knowledge	USMLE Step 2 Clinical Skills (eliminated English proficiency exam)	Obtain ECFMG Certificate	Secure Training Position	Obtain a Visa
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.

H-1B Temporary Working Visa – WE NO LONGER ACCEPT

An alien physician may be admitted to the United States on an H1B visa to obtain graduate medical education or practice clinically if (s)he: (1) has graduated from a U.S. medical school, or has passed the FLEX I and II or USMLE parts I, II, and III and is certified by the ECFMG, (2) is competent in oral and written English, and (3) can provide proof of official permission to clinically practice in the State of Texas.

An H application must be submitted and approved by the U.S. Citizenship and Immigration Services before the alien physician may begin his/her clinical training (unless alien physician is already on the H-1B and “porting” to Baylor College of Medicine). The H-1B process can take approximately two months if using premium processing or six months if using regular processing. If Program Director wants to use premium processing, the program director must pay for the \$1000 premium processing fee (it cannot be paid by the H applicant).

If the Program Director is willing to sponsor alien physician on the H-1B, then the Program Director and/or Program Coordinator must submit the following documents to our office:

- Labor Condition Application Statement – a statement that the terms of the approved labor condition application will be complied with
- H-1B Support Letter
- Travel Statement - a signed statement that the employer will pay the reasonable cost of return transportation if the alien physician is dismissed before the end of the period of authorized stay
- Copy of the GME Contract Letter
- ISO Fee Form
- \$1000 Premium Processing Check (optional)

The alien physician will need to submit the following documents to our office:

- \$185 Filing Fee Check
- M.D. diploma (with translation if diploma is not in English)
- USMLE I, II and III exam results (or FLEX I and II)
- ECFMG Certificate
- Proof of official permission to clinically practice in the State of Texas (such as an institutional permit or licensure)
- Curriculum Vitae
- Form I-94 (if currently in the U.S.)
- Passport identification page and/or visa pages
- If applicable, all other visa documents (such as IAP-66/DS-2019s, I-20s, or I-797s)

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.

