Supplement to ERAS Application Cardiovascular Disease Fellowship Training Program Application Rush University Medical Center Chicago, Illinois

		Hospital Affiliation:Hospital Phone/Pager: ()	
1.	Please indicate your specific area of interest Interventional Medicine Heart Failure and Transplant Electrophysiology Non-Invasive Imaging Unknown	t (check one)	
2.	How many ACGME-approved Cardiovascu \Box 1 – 10 \Box 10 – 20 \Box 20 – 40 \Box 40 – 60 \Box 60 – 100 \Box > 100	llar Fellowship programs are you applying to?	
3.	Do you have geographic restrictions on whe	ere you do your Fellowship training? If so, w	hy?
4.	Do you have a specific research interest? _	If so, please briefly describe	
5.	If you are a Foreign Medical Graduate, wha	at is your visa status and how long is it valid?	
<u>M</u>	AIL this completed supplement with the \$40	0.00 fee (check/money order payable to Rush University) to	

<u>MAIL</u> this completed supplement with the \$40.00 fee (check/money order payable to Rush University) to Program Director:

Jeffrey S. Soble, M.D. Rush University Medical Center Section of Cardiovascular Medicine 1653 West Congress Parkway Chicago, IL 60612

Please include photograph if not already included with ERAS application.

<u>DEADLINE</u>: Supplement and ERAS application materials must be received no later than August 31st.