

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

Name: _____ Hospital Affiliation: _____

Home/Cell Phone: () _____ Hospital Phone/Pager: () _____

E-mail Address: _____

1. Please indicate your specific area of interest (check one)

- Interventional Medicine
- Heart Failure and Transplant
- Electrophysiology
- Non-Invasive Imaging
- Unknown

2. How many ACGME-approved Cardiovascular Fellowship programs are you applying to?

- 1 – 10
- 10 – 20
- 20 – 40
- 40 – 60
- 60 – 100
- > 100

3. Do you have geographic restrictions on where you do your Fellowship training? _____ If so, why?

4. Do you have a specific research interest? _____ If so, please briefly describe. _____

5. If you are a Foreign Medical Graduate, what is your visa status and how long is it valid? _____

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

Clifford J. Kavinsky, M.D., Ph.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.

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