

**ADVANCED HEART FAILURE AND CARDIAC TRANSPLANTATION  
FELLOWSHIP TRAINING APPLICATION**

Division of Cardiovascular Medicine  
University of Louisville School of Medicine  
Louisville, Kentucky



**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**EDUCATION**

Pre-Med \_\_\_\_\_  
Dates \_\_\_\_\_ Degree \_\_\_\_\_  
Medical School \_\_\_\_\_  
Dates \_\_\_\_\_ Degree \_\_\_\_\_

**INTERNSHIP/FELLOWSHIP**

Internship \_\_\_\_\_  
Dates \_\_\_\_\_  
Fellowship \_\_\_\_\_  
Dates \_\_\_\_\_

Visa Type \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

ECFMG Certificate # \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Medical License(s) State \_\_\_\_\_ Number \_\_\_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_

**USLME SCORES**

Step 1 \_\_\_\_\_  
Step 2 \_\_\_\_\_  
Step 3 \_\_\_\_\_

**AWARDS AND HONORS**

---

---

---

**LETTERS OF RECOMMENDATION**

*Please provide 3 letters of recommendation from physicians, including one from your fellowship training program director. List physician names below.*

Name

Title

Institution

---

---

---

**SUPPORTING DOCUMENTATION (Please include the following):**

- Personal Statement
- Medical School Transcript
- ECFMG Certificate (if appropriate)
- USMLE/COMLEX
- CV

---

Signature of Applicant

---

Date

Please forward to:

Kathleen Lehman  
Fellowship Training Program Coordinator  
Division of Cardiovascular Medicine (Advanced Heart Failure)  
201 Abraham Flexner Way (Suite 1001)  
Louisville, Kentucky 40202  
(502) 569-7915  
[kathleen.lehman@louisville.edu](mailto:kathleen.lehman@louisville.edu)