

Applicant Contact Information

University of Louisville
Electrophysiology Fellowship Program

Name: _____

Daytime Contact Number: _____

E-mail Address: _____

Please return the following:

1. Contact form
2. Application
3. Curriculum Vitae
4. Personal statement
5. Three reference letters addressed to the Program Director, A. Gregory Deam, M.D. (letters can be sent separately)
6. Copy of transcript and credentials from your medical school
7. USMLE or FLEX scores
8. A copy of current Visa status if applicable

Send items via email to:

[kjhou01@louisville.edu](mailto:kjhous01@louisville.edu)

or mail hard copy to:

Karen J. House, Program Coordinator Senior
Rudd Heart & Lung Suite 600
201 Abraham Flexner Way, 6th Floor
Louisville, KY 40292
(For overnight express, use zip code 40202)