Application for Research Fellowship
T 32 (MD or MD/PhD)
Massachusetts General Hospital

Subspecialty Program: ☐ Cardiology ☐ Radiology ☐ Other, please specify:			
If PhD, please specify field:			
Starting Date and Time Commitment (2 years required):			
Name (Last, First, Middle)		**Degree(s)**	**Date of Birth**
Address		**Phone (Home)**	**Phone (Work)**
		Email	
US- Citizenship? ☐ Yes ☐ No		**If not, permanent US- Resident?** ☐ Yes ☐ No	
Premedical College	**Major**	**Degree**	**Year completed**
Medical School		**Degree**	**Year completed**
Other		**Degree**	**Year completed**

If foreign trained (please include copies of ECFMG and USMLE):

ECFMG Exam	☐ N/A	☐ Passed	☐ Failed	**Date**	**Certificate #**
USMLE Step 1	☐ N/A	☐ Passed	☐ Failed	**Date**	**Results**
USMLE Step 2	☐ N/A	☐ Passed	☐ Failed	**Date**	**Results**
USMLE Step 3	☐ N/A	☐ Passed	☐ Failed	**Date**	**Results**

Am. Board Certfication	☐ yes	☐ No
If yes, please list and date:		
If none, Board eligible?	☐ Yes	☐ No
If yes, please list Board:		
States in which you are licensed to practice medicine:		

MA-State License ☐ Yes ☐ No	**License No.**	**Expiration Date**	**If no, are you eligible?** ☐ Yes ☐ No

Have you ever been denied or lost a state license? ☐ Yes ☐ No (If yes, please explain on a separate sheet.)

If additional PhD, describe thesis:

Postgraduate Training

	Institution (Name, City and State)	**Type of Training**	**Dates**
Internship			
Residency			
Fellowship			
Other			

References **Please forward three letters of reference to the address below. List referees, titles, addresses & emails and pone number here. One recommendation should be from your current residency or fellowship program director or thesis mentor or advisor.**	
1.	
2.	
3.	
Date	**Signature**
Please send this Application with a copy of your CV, a personal statement, and three letters of reference to the address below. You may be required to submit a copy of your USMLE transcript upon request.	
Udo Hoffmann, MD MPH **c/o Fellowship Manager** **Massachusetts General Hospital** **Cardiovascular Imaging Research Center** **165 Cambridge St, Suite 400** **Boston, MA 02114**	**Email: circmgh@partners.org**