



**Application for Research Fellowship  
US Postdoctoral Research Fellows  
Massachusetts General Hospital**



<b>MD or MD/PhD:</b> <input type="checkbox"/> Cardiology <input type="checkbox"/> Radiology <input type="checkbox"/> Other, please specify:			
<b>PhD (specify field):</b>			
<b>Starting Date and Time Commitment:</b>			<b>Self-funded fellowship?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name (Last, First, Middle)</b>		<b>Degree(s)</b>	<b>Date of Birth</b>
<b>Address</b>		<b>Phone (Home)</b>	<b>Phone (Work)</b>
		<b>Email</b>	
<b>US- Citizenship?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If not, permanent US- Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>College</b>	<b>Major</b>	<b>Degree</b>	<b>Year completed</b>
<b>Medical School/ Graduate School</b>		<b>Degree</b>	<b>Year completed</b>
<b>Other</b>		<b>Degree</b>	<b>Year completed</b>
<b>Postdoctoral Training (if PhD)</b>			
<b>Institution (Name, City and State):</b>			
<b>Describe PhD-thesis:</b>			
<b>Postgraduate Training (if MD or MD / PhD)</b>			
	<b>Institution (Name, City and State)</b>	<b>Type of Training</b>	<b>Dates</b>
<b>Internship</b>			
<b>Residency</b>			
<b>Fellowship</b>			
<b>Other</b>			
<b>References</b> Please forward three letters of reference to the address below. List referees, titles, addresses & emails and phone number here. One recommendation should be from your current residency or fellowship program director or your thesis mentor or advisor.			
1.			
2.			
3.			
<b>Date</b>		<b>Signature</b>	
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.			
<b>Udo Hoffmann, MD MPH</b> c/o : Y`ck g\ ]d`A UbU[ Yf Massachusetts General Hospital Cardiovascular Imaging Research Center 165 Cambridge St, Suite 400 Boston, MA 02114		Email: <a href="mailto:circmgh4_dUfbYfg'cf">circmgh4_dUfbYfg'cf</a>	