

APPLICATION



Clinical Cardiac Electrophysiology Fellowship Program
Hakan Paydak, MD, Program Director
University of Arkansas for Medical Sciences, UAMS
Division of Cardiovascular Medicine
4301 West Markham Street # 532
Little Rock, Arkansas 72205
(501) 686-7882 Program Coordinator (501) 686-6439 fax

ATTACH PHOTOGRAPH HERE

Last Name: _____ First: _____ Middle: _____

Social Security Number: _____ Current NPI: _____

Fellowship Start Date (add start year): 7/1/_____ Years of Training: 2

Present Address: _____ Cell Phone: _____

Daytime/Home Telephone: _____ Pager Number: _____

Email Address: _____

Permanent Address: _____

Birth date: _____ Birth City, State/Country: _____ Citizenship: _____

Do you have any disabilities which would impair you to meet the job requirements of this position? (If Yes, please describe.): _____

Do you have any known commitments or visa issues that would prevent you from starting the anticipated CCEP Fellowship on time? _____

Do you have any known commitments or visa issues that would prevent you from completing the anticipated CCEP Fellowship? _____

Education -

College: _____

Dates: _____ to _____ Degree/Major: _____

Medical School: _____

Dates: _____ to _____ Degree/Major: _____

Residency Training: _____

Dates: _____ to _____ Institution: _____

Fellowship Training: _____

Dates: _____ to _____ Institution: _____

Medical Licensure (State & year): _____

Honors (prizes, scholarships, memberships): _____

Obligations (i.e. military, rural practice, etc.): _____

Hobbies/Recreational Activities: _____

Reference information to be arranged by the applicant: A letter of recommendation from at least three individuals who are able to evaluate from firsthand knowledge your performance. Please indicate the names and contact information of those individuals who will be sending recommendations.

1. _____
2. _____
3. _____

Publications: _____

Attach a narrative indicating: (a) your career objectives as presently formulated (b) your reasons for applying for this position, and (c) your research interests and any prior research experience.

I certify that the above information is accurate to the best of my knowledge.

Signed _____ Date _____

Applicant

Please send your completed application, CV, 3 Letters of Recommendation (LORs – emailed by author), Personal Statement, USMLE Transcripts or equivalent, ECFMG Certificate if applicable to...

Petra Stephens
Cardiology Program Coordinator
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