Cardio-Oncology Training Program Application

Introduction

Overview

Cardio-Oncology: Lauren A. Baldassarre, MD, FACC, FSCMR, FSCCT Program Director The program is a 12-month training experience available to graduates of a fellowship in adult cardiology and will accept one fellow per year. This advanced fellowship will provide expert and dedicated training in cardio-oncology with the aim to train enthusiastic fellows to become outstanding academic leaders in this rapidly growing field. The program will include robust training in a busy outpatient clinical care environment, inpatient consults, didactic teaching, and clinical research. Additional opportunities also exist in translational research and advanced cardiac imaging, which can be tailored to the candidate's prior experience and career goals.

The Yale Cardio-Oncology Program is an interdisciplinary partnership between the Section of Cardiovascular Medicine and the Smilow Cancer Hospital, allowing for an integrated experience for the fellow and broad exposure to collaboration with oncologists, including dedicated subspecialty oncology clinics. Completion of this program will provide graduating fellows with the qualifications of an expert cardio-oncologist to start or direct their own program, as defined by level III training (J Am Coll Cardiol. 2020 Nov 10;76(19):2267-2281. doi: 10.1016/j.jacc.2020.08.079).

Prerequisites for Entry:

- Prior to the 1-year cardio-oncology fellowship, trainees must have completed a 3-year ACGME accredited fellowship in cardiovascular medicine.
- Fellows require satisfactory completion of the United States Medical Licensing Examination (USMLE) Steps 1 and 2, and, if eligible, Step 3. International graduates, require verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification.

General Contact Information

O First Name
O Last Name
O Gender
O Date of birth (mm/dd/yyyy)
O Email
O Current mailing address
O Preferred Phone
O Alternate Phone
Please attach a recent photo.
Please select all that apply.
O U.S. Citizen
◯ J-1 visa
O U.S. permanent resident or green card holder
O Other (please specify)

Please select all that apply.

	ACLS
	PALS
	BLS
	Medical Licensure Suspended or Revoked
	Named in a Malpractice Suit
ACLS Expirat	tion Date (mm/dd/yyyy)
	ation Date (mm/dd/yyyy)

Previous Training

O College				
O Medical Sc				
O Internship ((U.S. Canada only)			
O Fellowship				_
	(U.S. Canada only)			
Other				
O ECFMG #				_
Undergraduate Ed	ucation	I		I
	Field of Study			
Education:				

Post Graduate Education

	Institution	Dates Attended	Degree	Field of Study
Education:				
Education:				
Education:				

State Medical Licenses

	Туре	Number	State	Exp. Date
State Medical License:				

Medical Education

	Institution	Dates Attended	Degree
Medical Education:			

Medical Education/Training Extended or Interrupted?

◯ Yes

🔿 No

Medical School Honors/Awards

Membership in Honorary/Professional Societies

Please list your current institution.

Please list your prior training.

	Institution	Discipline	Program Director or Supervisor	Email or Phone #	Dates Attended
Internship:					
Residency:					
Fellowship:					

Please list any relevant work experience.

	Title	Organization	Position Dates	Supervisor	Email or Phone #	Average Hours/Week
Position:						
Position:						
Position:						

Please upload a **Letter of Interest or Personal Statement** that summarizes your background, specific goals in pursuing advanced training, career goals and trajectory.

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Please upload a **Curriculum Vitae** that contains prior research activities, publications, and clinical training.

Please list three references who are familiar with your clinical and scientific accomplishments and professional interests. Submit the three letters of recommendation to <u>Corianne.brennan@yale.edu</u> with the subject "Last Name Cardio-Oncology LOR."

	Name	Title	Institution	Email address	Phone number
Reference 1:					
Reference 2:					
Reference 3:					

Please identify your long-term career goals.

Describe your areas of interest and potential research proposals.

To complete the application, please upload a United States Medical Licensing Examination (USMLE) transcript.