

**Fellowship Application
Pediatric Cardiology**

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PREMEDICAL EDUCATION: Institution From To Degree

MEDICAL EDUCATION: Institution From To Degree

HOSPITAL TRAINING (do not list rotations in medical school):

Hospital Location From To Degree

POSTGRADUATE EDUCATION (organized courses only):

SPECIAL TRAINING (not already listed, such as assistantships, practice, etc.)

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BOARD CERTIFICATION

Year	Specialty	Name of Board	Country of Issuing Board

ADDITIONAL INFORMATION (such as publications, summer work, extra curricular activities):

REFERENCES: Communications concerning professional ability and personal qualifications must be sent under separate cover directly to Paul M. Weinberg, MD, Director, Fellowship Training Program in Pediatric Cardiology, at the address provided below, from at least three physicians, preferably under whom you have served or trained. **The applicant must request the letters of recommendation.** List references below:

SIGNATURE OF APPLICANT: _____ DATE: _____

Return to: Paul M. Weinberg, MD
Division of Pediatric Cardiology
The Children’s Hospital of Philadelphia
34th Street and Civic Center Boulevard
Philadelphia, PA 19104-4399
(215) 590-3274/fax 215-590-5825
weinberg@email.chop.edu