

**NewYork-Presbyterian Hospital
Columbia University College of Physicians & Surgeons
Preventive Cardiology Fellowship Application**

Please Print or Type:

Applicant's Name:				
Current Address:				
City, State, Zip:				
Current Phone #:	Day:			Evening:
	Mobile:			Email:
Permanent Address: If different from above				
City, State Zip:				
Permanent Phone #:				
Closest Relative:	Name:			Phone:
Date Fellowship Desired:	Beginning Month:	Year:	Ending Month:	Year:
Type of Fellowship:	<input type="checkbox"/> NIH <input type="checkbox"/> Doris Duke <input type="checkbox"/> Sarnoff <input type="checkbox"/> International <input type="checkbox"/> Other _____			
Education/Training:	Degree:	Year:	Institution:	
	Degree:	Year:	Institution:	
	Degree:	Year:	Institution:	
	Clinical or Field Experience:		Institution:	
Past Research Experience:	<input type="checkbox"/> None <input type="checkbox"/> <1 Year <input type="checkbox"/> 1-2 Years <input type="checkbox"/> > 2 years			
Describe Project (s): (If applicable)				

Describe your proficiency with the following skill sets:

Core Competencies	Proficiency Level
Knowledge and experience of ethics and privacy regarding human subjects	↑ Not Proficient ↑ Somewhat Proficient ↑ Very Proficient
Performing Literature Searches	↑ Not Proficient ↑ Somewhat Proficient ↑ Very Proficient
Developing a focused research project	↑ Not Proficient ↑ Somewhat Proficient ↑ Very Proficient
Designing a study	↑ Not Proficient ↑ Somewhat Proficient ↑ Very Proficient
Conducting a study	↑ Not Proficient ↑ Somewhat Proficient ↑ Very Proficient
Data Management/Entry List programs: _____ _____ _____	↑ Not Proficient ↑ Somewhat Proficient ↑ Very Proficient
Data Analysis List programs: _____ _____	↑ Not Proficient ↑ Somewhat Proficient ↑ Very Proficient
Scientific Writing	↑ Not Proficient ↑ Somewhat Proficient ↑ Very Proficient
Oral Presentations (in English)	↑ Not Proficient ↑ Somewhat Proficient ↑ Very Proficient
Spanish Speaking	↑ Not Proficient ↑ Somewhat Proficient ↑ Very Proficient

Additional Materials Required:

- **Please submit two (2) confidential letters of recommendation**
- **CV**
- **An article or paper you have written. If none available, please submit a one-page paper discussing a clinical or public health problem and why you think it is important.**

Note: If a fellowship is offered, you agree to be contacted annually to determine your current job status for purpose of grant application and renewal.

Signature

Date

Please submit your signed application and all materials to:

**Lori Mosca, MD, PhD
Director, Preventive Cardiology
NewYork-Presbyterian Hospital
601 West 168th Street, Suite 43
New York, NY 10032**