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**BRIGHAM AND WOMEN'S HOSPITAL
Cardiovascular Division**

**FELLOWSHIP TRAINING PROGRAM IN
VASCULAR MEDICINE**

Application for training period beginning July 2022

(PLEASE TYPE or PRINT LEGIBLY)

FULL NAME: _____
(First) (Middle Initial) (Last)

PRESENT ADDRESS: _____

(Include Street, City, State and Zip Code)

TELEPHONE: Home: _____ Office: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____ **GENDER:** _____

SOCIAL SECURITY #: _____ **US CITIZEN:** Yes ___ No ___
PERMANENT RESIDENT: Yes ___ No ___
VISA: _____

REFERENCES: Please list full names and addresses of **three** people who will provide letters of reference, including your current cardiovascular Program Director. Please request that they send letters of recommendation on your behalf; letters should be sent via email to Melissa Gayle (magayle@bwh.harvard.edu). **DO NOT** send letters or other application materials to Dr. Piazza via email.

EDUCATION			
<i>Institution and Address</i>	<i>Degree</i>	<i>Year of Degree</i>	<i>Field of Study</i>
<u>Undergraduate:</u>			
<u>Medical School:</u>			
<u>Other:</u> (List graduate and post-graduate studies other than medical school)			

CLINICAL EXPERIENCE		
<i>Institution and Address</i>	<i>Dates</i>	<i>Position</i>

CURRICULUM VITAE: Please include an up-to-date copy of your CV. Please **DO NOT** send medical school or college transcripts, reprints, or copies of examination scores.

Materials sent via email should be addressed to the Program Administrator, Melissa Gayle (magayle@bwh.harvard.edu). Please contact her if you feel your application is complete but you have not received an acknowledgment within two weeks of your submission.