

**Supplement to ERAS Application**  
**Cardiovascular Disease Fellowship Training Program Application**  
**Rush University Medical Center**  
**Chicago, Illinois**

Name: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_  
Home/Cell Phone: ( ) \_\_\_\_\_ Hospital Phone/Pager: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

1. Please indicate your specific area of interest (check one)

- Interventional Medicine
- Heart Failure and Transplant
- Electrophysiology
- Non-Invasive Imaging
- Unknown

2. How many ACGME-approved Cardiovascular Fellowship programs are you applying to?

- 1 – 10
- 10 – 20
- 20 – 40
- 40 – 60
- 60 – 100
- > 100

3. Do you have geographic restrictions on where you do your Fellowship training? \_\_\_\_\_ If so, why?

\_\_\_\_\_

4. Do you have a specific research interest? \_\_\_\_\_ If so, please briefly describe. \_\_\_\_\_

\_\_\_\_\_

5. If you are a Foreign Medical Graduate, what is your visa status and how long is it valid? \_\_\_\_\_

\_\_\_\_\_

**MAIL** this completed supplement with the \$35.00 fee (check/money order payable to Rush University) to Program Director:

Clifford J. Kavinsky, M.D., Ph.D.  
Rush University Medical Center  
Section of Cardiovascular Medicine  
1653 West Congress Parkway  
Chicago, IL 60612

**Please include photograph if not already included with ERAS application.**

**DEADLINE:** Supplement and ERAS application materials must be received no later than January 15th.