University Hospitals
Harrington Heart & Vascular Institute
Cleveland | Ohio

SCHOOL OF MEDICINE
CASE WESTERN RESERVE UNIVERSITY

University Hospitals Cleveland Medical Center
Vascular Medicine Fellowship Application

For admission as a fellow beginning July 1, 2027

Photo
(optional)

Name_____
Last or Family Name First Middle

Current Address _____
Street City State or Country Zip

Home Address (if different) _____
Street City State or Country Zip

Phone _____/_____ Email _____
Home/Cell Work

Date of Birth ___/___/____ Sex □ Male □ Female U.S. Social Security # _____-____-_____

Visa Type: _____ Country of Citizenship: _____

ECFMG Certificate # _____ Issue Date ___/___/_____ (attach copy of certificate)

Current Medical License(s): State _____ Number _____ Exp Date ___/___/_____

State _____ Number _____ Exp Date____/____/_____

TRAINING:

Undergraduate: _____ Degree/Date_____

Medical School: _____ Degree/Date_____

Residency Program(s): _____ Date(s): _____

Cardiovascular Fellowship: _____ Date: _____

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ADVANCED DEGREE(S) AND POSTDOCTORAL WORK/RESEARCH (if applicable):

Degree/Position	Institution/Organization	Dates

THREE LETTERS OF RECOMMENDATION FROM FACULTY:
Note: One letter of recommendation should be from your residency or fellowship program director.

Name	Title	Institution

Please include the following materials in your application packet and send by 12/01/26:

- Completed application (this form)
- Personal statement describing your career goals
- Three letters of recommendation (***Please have letters sent directly by the writer.)***
- Updated curriculum vitae (CV)
- ECFMG certificate (if appropriate)
- USMLE Scores

Please note that if you are accepted into our program, you will also be asked to provide a copy of your medical school diploma and your residency certificate of completion.

Please email your materials to:
Joanna.Benson@UHhospitals.org

For more information, call 216-844-7603 or email cvfellow@case.edu.

I verify that the above information is accurate to the best of my knowledge.

Applicant Signature _____ **Date** _____