



University of
Pittsburgh

Department of Medicine
School of Medicine

Post-doctoral Training Program in

IMAGING SCIENCES IN TRANSLATIONAL CARDIOVASCULAR RESEARCH

Date: _____ Proposed starting date of fellowship: _____

Name: _____
(First) (Middle) (Last)

Date and place of birth: _____

Citizenship or green-card status: _____

Home address: _____

Phone: (____) ____ - ____

EDUCATION

College	Degree	Month / Day / Year
<i>Undergraduate</i> _____		
<i>Graduate school</i> _____		
<i>Medical school</i> _____		
<i>Honors, special training, etc.:</i> _____		

Professional Positions	Institutions	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Letters of Reference

Please list names and addresses of three (3) references. *Letters of recommendation should be e-mailed by the referee to Katie Nauman (naumanke@upmc.edu).*

- 1. _____
- 2. _____
- 3. _____

Additional Materials

In addition to this completed application form, please provide the following items as a single PDF:

- 1. Current curriculum vitae
- 2. Brief (1-2 page) statement of your plan of research and study, including:
 - a. a description of your primary area(s) of interest
 - b. the type of research you wish to carry out
 - c. the particular methods of approach in which you require additional training
 - d. mentor(s) with whom you would prefer to work
- 3. Copy of medical or graduate school transcript

Send the completed application form and additional materials to:

Katie Nauman
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Department of Medicine, Division of Cardiology
University of Pittsburgh
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Pittsburgh, PA 15261
Phone: 412-624-7987
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