



CARDIOVASCULAR FELLOWSHIP TRAINING PROGRAM

New Application Packet

Rowan University School of Osteopathic Medicine Cardiovascular Fellowship program is administered by South Jersey Heart Group / Lourdes Cardiology Services.

Our three year program is one of the few osteopathic programs nationwide that provides training and eligibility to be Level II certified in the following three areas:

- Diagnostic cardiac catheterization
- Nuclear Cardiology
- Transesophageal and transthoracic echocardiography

Our adult cardiovascular training program provides complete training in invasive and non-invasive cardiology. State of the art patient care and graduate medical education is provided by Our Lady of Lourdes Medical Center and the Kennedy Health System.

Attached you will find an application along with an application checklist, which outlines all required supporting documentation. Please note all letters of recommendation and transcripts must be originals, sent directly from the sending physician or institution to our program, and current within 90 days.

Please complete and return your application to me at:

**1 Brace Road Suite F
Cherry Hill New Jersey 08034**

If you have any comments, questions or concerns; or if I can be of any assistance to you during the application process please do not hesitate to call me at 856-755-1173 or via email at cardiologyfellowship@sjhg.org. Thank you for your interest in our program.

Noelle Folkman
Program Coordinator
ROWAN-SOM Cardiovascular Training Program

**PLEASE BE SURE THAT YOUR APPLICATION INCLUDES ALL OF THE FOLLOWING
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
ALL ORIGINAL APPLICATIONS AND SUPPORTING DOCUMENTATION ARE DUE ASAP**

<input type="checkbox"/> A current photograph
<input type="checkbox"/> Current Curriculum Vitae
<input type="checkbox"/> Copy of all training contracts to date, i.e. internship, all residency years
<input type="checkbox"/> A TYPED personal statement
<input type="checkbox"/> Original medical school transcripts sent directly from sending institution
<input type="checkbox"/> Original undergraduate transcripts sent directly from sending institution
<input type="checkbox"/> A copy of your Medical School Diploma
<input type="checkbox"/> Copies of any / all applicable licensure/ permits
<input type="checkbox"/> Copy of current ACLS
<input type="checkbox"/> Copy of current BLS
<input type="checkbox"/> COMLEX score reports (official / not computer generated)
<input type="checkbox"/> Three (3) letters of recommendation current within 90 days sent directly to this program from the sender Note: One letter of recommendation must be from your Internal Medicine Residency Program Director
<input type="checkbox"/> Medical school deans letter
<input type="checkbox"/> Other documentation as may be listed / required on your application

**ALL APPLICATIONS MUST BE SENT VIA MAIL TO:
ROWAN-SOM CARDIOLOGY FELLOWSHIP
Noelle Folkman
1 BRACE ROAD SUITE F
CHERRY HILL, NEW JERSEY 08034
NO EMAIL OR FAXED APPLICATIONS WILL BE ACCEPTED**



ROWAN UNIVERSITY

School of Osteopathic Medicine

Graduate Medical Education
Phone: (856) 566-7121
Fax: (856) 566-6222

One Medical Center Dr.
Academic Center Suite 162
Stratford, NJ 08084-1501

Osteopathic Postdoctoral
Training Institution of NJ
Phone: (856) 566-7121
Fax: (856) 566-6222

Dear Doctor:

Attached is an application for residency and fellowship programs. This application is used for the RowanSOM OPTI of NJ Residency and Fellowship Programs at Kennedy University Hospitals/Our Lady of Lourdes Medical Center.

Please submit all information to the appropriate Program Director's office. Names, addresses, and phone numbers for residency and fellowship Program Directors are on the accompanying pages. Please check with the program for deadline dates and available positions. To be considered for a residency or fellowship program, please send the following to the Program Director's office as soon as possible:

1. Completed application (typed or printed legibly in black ink)
2. Official medical school transcript
3. Part I, II, and III Board scores
4. Three (3) current letters of recommendation
5. Copy of contract from internship year
6. Copy of internship and/or residency certificates
7. Copy of any state license (if applicable)
8. Copy of the CDS and DEA certifications
9. Certificates of Postgraduate Training (Blank copies can be obtained through the GME Office at UMDNJ-SOM and must be completed by all prior training programs.)

Should you have any questions, please call the Program Director's Assistant at the number listed on the accompanying pages.

Sincerely,

Joanne Kaiser-Smith, D.O., FACOI, FACP
Assistant Dean, Graduate Medical Education

Terry Brown, M.A.
Director, Graduate Medical Education

P.S. Visit us on the web at http://www.rowan.edu/som/education/graduate_medical/index.html

APPLICATION FOR RESIDENCY/FELLOWSHIP TRAINING

Rowan University School of Osteopathic Medicine

Osteopathic Postdoctoral Training Institution of New Jersey

Application for Residency/Fellowship in _____

For Osteopathic Graduate Medical Education Year (i.e., OGME 2, 3) _____ beginning July, _____

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

Name _____
(Last) (First) (Middle)

Social Security No. _____ AOA No. _____

Present Address _____ Phone (_____) _____
_____ Zip _____

Permanent Address _____ Phone (_____) _____
_____ Zip _____

Check preferred mailing address as listed above: _____ Present Address _____ Permanent Address

Phone where you can be reached during the day: (_____) _____

E-Mail Address _____

Emergency Contact _____

Address _____

Phone: Day (_____) _____ Night (_____) _____

Are you a: _____ U.S. Citizen? _____ Permanent Resident? _____ Other?*

*If other, please provide documentation for eligibility to be employed in the U.S.

References: List the names, titles and addresses of three references.

1. _____

2. _____

3. _____

Pre-Professional Education: List, in order, Colleges or Universities you have attended.

<u>Name of College</u>	<u>Location</u>	<u>Dates of Attendance</u>	<u>Degree and Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

Professional Education: List medical school(s) you attended.

<u>Name of Medical School</u>	<u>Location</u>	<u>Dates of Attendance</u>	<u>Degree and Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

Post-Graduate Education:

Internship: Track _____ Dates ____/____/____ to ____/____/____
Institution _____ City: _____ State: _____
Residency: Specialty _____ Dates ____/____/____ to ____/____/____
Institution _____ City: _____ State: _____

Hospital Affiliations: List Hospital names, locations and dates of Hospital staff appointments.

Present Membership in Organizations: List professional, scientific, etc.

Research or Practical Experience: Include Publications, if any.

National Board of Osteopathic Medical Examiners board scores (COMLEX):

Part I _____ Date of Examination _____
Part II _____ Date of Examination _____
Part III _____ Date of Examination _____
Do you plan on taking the USMLE? _____ No _____ Yes, Date of Exam _____

New Jersey License Number _____

Please attach copy of New Jersey license.

Has your New Jersey license ever been suspended or revoked?

Yes _____ No _____

If yes, please explain: _____

New Jersey CDS Number _____

Has your New Jersey CDS certificate ever been suspended or revoked?

Yes _____ No _____

If yes, please explain: _____

Federal DEA Registration Number _____

Has your Federal DEA certificate ever been suspended or revoked?

Yes _____ No _____

If yes, please explain: _____

Do you have a license to practice medicine in any other state(s)?

Yes _____ No _____

If yes, list states, dates and license numbers.

<u>State</u>	<u>Dates</u>	<u>License Number</u>

Have you ever been involved in a malpractice suit?

Yes _____ No _____

If yes, please give the date and nature of case(s) and status of the suit, i.e., open, dismissed, closed with payment.

<u>Date</u>	<u>Nature of Case</u>

Discuss your plans after you finish your residency/fellowship program. Include practice location, if known.

Please use the space below to amplify upon your biographic data with any information that you think would be helpful in the evaluation of your application.

The Assistant Dean for Graduate Medical Education is the only authorized person who can offer letters of acceptance or contracts to any of our residency or fellowship programs. Any other offer letters or contracts will not be recognized by the Rowan University School of Osteopathic Medicine or any of its affiliated programs or hospitals.

Your signature below indicates that you have completed this application in good faith and all answers are complete and honest. You also understand that no one other than the Assistant Dean for Graduate Medical Education at RowanSOM is authorized to make offers of acceptance or issue contracts to our programs.

(Applicant's Signature)

(Date)

(Print Name)

Rowan does not discriminate in admissions or access to its programs and activities on the basis of race/color, national origin, ethnicity, religion/creed, disability, age, marital status, sex, sexual orientation or veteran's status.

Appointment to this position requires that you are not listed by the Office of Inspector General (OIG) and/or the General Services Administration (GSA) as excluded from participating in federal health care, research, or other grant programs.

Rowan University School of Osteopathic Medicine

Osteopathic Postdoctoral Training Institution of New Jersey

AUTHORIZATION FOR RELEASE OF INFORMATION AND

RELEASE FROM CIVIL LIABILITY

I specifically authorize the University and its authorized representatives to consult with the management and members of the medical staffs of other hospitals, health care facilities, previous colleges/universities and/or other institutions with which I have been associated and with others who may have information bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior, or any other matter. This University or its authorized representatives may inquire and inspect all records and documents that may be material to the above.

I hereby release from civil liability any individual or institution reviewing or providing information relative to my application for residency/fellowship at RowanSOM OPTI of NJ.

(Applicant's Signature)

(Date)

(Print Name)

KENNEDY/LOURDES INTERNSHIP/RESIDENCY PROGRAMS

<p><u>EMERGENCY MEDICINE</u></p> <p>PD: Anthony J. DiPasquale, D.O. 18 E. Laurel Road, Admin. Office Stratford, NJ 08084</p> <p>Coordinator: Susan Riser s.riser@kennedyhealth.org Phone: 856-346-7985 Fax: 856-346-6573</p>	<p><u>OTOLARYNGOLOGY/FPS</u></p> <p>PD: Edward Scheiner, D.O. 42 E. Laurel Road, #2600 UDP Stratford, NJ 08084</p> <p>Coordinator: Colleen Corsetti corsetco@umdnj.edu Phone: 856-566-6875 Fax: 856-566-6438</p>	<p><u>FAMILY MEDICINE</u></p> <p>PD: George Scott, D.O. 42 E. Laurel Road, #2100A UDP Stratford, NJ 08084</p> <p>Coordinator: Rose Rossiter rossitro@umdnj.edu Phone: 856-566-6477 Fax: 856-566-6360</p>
<p><u>INTERNAL MEDICINE</u></p> <p>PD: Donna DiBruno, D.O. 42 E. Laurel Road, #3100 UDP Stratford, NJ 08084</p> <p>Coord: Karen Welding-Brown weldinkm@umdnj.edu Phone: 856-566-2753 Fax: 856-566-7074</p>	<p><u>OBSTETRICS AND GYNECOLOGY</u></p> <p>PD: Michele Tartaglia, D.O. 42 E. Laurel Road, #3600 UDP Stratford, NJ 08084</p> <p>Coordinator: DeLynne Wynn wynnndk@rowan.edu Phone: 856-566-7098 Fax: 856-566-6499</p>	<p><u>ORTHOPEDIC SURGERY</u></p> <p>PD: Carl Mogil, D.O. 42 E. Laurel Road, #3900 UDP Stratford, NJ 08084</p> <p>Coordinator: Kathy Kupiec kupieckl@umdnj.edu Phone: 856-566-2877 Fax: 856-566-6385</p>
<p><u>PSYCHIATRY</u></p> <p>PD: Roberta Ball, D.O. 2250 Chapel Avenue, #100 Cherry Hill, NJ 08002</p> <p>Coordinator: Elaine Evans evansee@umdnj.edu Phone: 856-482-9000 Fax: 856-566-1159</p>	<p><u>GENERAL SURGERY</u></p> <p>PD: Louis Balsama, D.O. 42 E. Laurel Road, #2600 UDP Stratford, NJ 08084</p> <p>Coordinator: Colleen Corsetti corsetco@umdnj.edu Phone: 856-566-6875 Fax: 856-566-6438</p>	<p><u>UROLOGY</u></p> <p>PD: Gordon Brown, D.O. One Medical Center Dr., Ste 162 Stratford, NJ 08084</p> <p>Coordinator: Maritza Rodriquez rodrima@umdnj.edu Phone: 856-566-6946 Fax: 856-566-6222</p>
<p><u>TRADITIONAL ROTATING INTERNSHIP</u></p> <p>PD: Joanne Kaiser-Smith, D.O. One Medical Center Dr., Ste 162 Stratford, NJ 08084</p> <p>Contact: Lora Donia doniala@umdnj.edu Phone: 856-566-6708 Fax: 856-566-6222</p>		<p><u>GME OFFICE</u></p> <p>DME: Joanne Kaiser-Smith, D.O. One Medical Center Dr., Ste 162 Stratford, NJ 08084</p> <p>Contact: Terry Brown, M.A. brownnte@umdnj.edu Phone: 856-566-2742 Fax: 856-566-6222</p>

<p><u>IM/EM – INTERNAL MEDICINE/EMERGENCY MEDICINE</u></p>	
<p><u>Internal Medicine:</u> PD: Thomas Morley, D.O. 42 E. Laurel Road, #3100 UDP Stratford, NJ 08084</p> <p>Coordinator: Karen Welding-Brown weldinkm@umdnj.edu Phone: 856-566-2753 Fax: 856-566-7074</p>	<p><u>Emergency Medicine:</u> PD: Victor Scali, D.O. 18 E. Laurel Road, Admin. Office Stratford, NJ 08084</p> <p>Coordinator: Susan Riser s.riser@kennedyhealth.org Phone: 856-566-7985 Fax: 856-566-6573</p>

<p align="center"><u>ADOL/CHILD PSYCH</u></p> <p>PD: Mark Sacher, D.O. 2250 Chapel Avenue West, #100 Cherry Hill, NJ 08002</p> <p>Coordinator: Elaine Evans evansee@umdnj.edu Phone: 856-482-9000 Fax: 856-482-1159</p>	<p align="center"><u>CARDIOLOGY</u></p> <p>PD: Troy Randle, D.O. 1 Brace Road, Suite F Cherry Hill, NJ 08034</p> <p>Coordinator: Noelle Folkman cardiologyfellowship@sjhg.org Phone: 856-755-1173 Fax: 856-310-9821</p>	<p align="center"><u>CRITICAL CARE</u></p> <p>PD: Marcia Watson, D.O. 42 E. Laurel Road, #3100 UDP Stratford, NJ 08084</p> <p>Coord: Karen Welding-Brown weldinkm@umdnj.edu Phone: 856-566-2753 Fax: 856-566-7074</p>
<p align="center"><u>ENDOCRINOLOGY</u></p> <p>PD: Louis Haenel, D.O. 25 E. Laurel Rd. Stratford, NJ 08084</p> <p>Coordinator: Sandi Pagan gmeendoprogram@yahoo.com Phone: 856-783-2244 Fax: 856-783-8537</p>	<p align="center"><u>GASTROENTEROLOGY</u></p> <p>PD: Donald McMahon, D.O. 42 E. Laurel Road, #3100 UDP Stratford, NJ 08084</p> <p>Coord: Karen Welding-Brown weldinkm@umdnj.edu Phone: 856-566-2753 Fax: 856-566-7074</p>	<p align="center"><u>GERIATRICS (FM)</u></p> <p>PD: Kevin Overbeck, D.O. 42 E. Laurel Road, #1800 UDP Stratford, NJ 08084</p> <p>Coordinator: Susan Huff huffsm@umdnj.edu Phone: 856-566-6124 Fax: 856-566-6419</p>
<p align="center"><u>GERIATRICS (IM)</u></p> <p>PD: Terrie Ginsberg, D.O. 42 E. Laurel Road, #1800 UDP Stratford, NJ 08084</p> <p>Coordinator: Susan Huff huffsm@umdnj.edu Phone: 856-566-6124 Fax: 856-566-6419</p>	<p align="center"><u>GERIATRICS (Psych)</u></p> <p>PD: Stephen M. Scheinthal, D.O. 42 E. Laurel Road, #1800 UDP Stratford, NJ 08084</p> <p>Coordinator: Susan Huff huffsm@umdnj.edu Phone: 856-566-6124 Fax: 856-566-6419</p>	<p align="center"><u>HOSPICE AND PALLIATIVE CARE</u></p> <p>PD: Marianne M. Holler, D.O. 5 Eves Drive, Suite 300 Marlton, NJ 08053</p> <p>Coordinator: Tina Sviben tina.sviben@samaritanhealthcarenj.org Phone: 856-596-1600, ext. 543 Fax: 856-596-7881</p>
<p align="center"><u>INFECTIOUS DISEASES</u></p> <p>PD: Todd Levin, D.O. 709 Haddonfield-Berlin Road Voorhees, NJ 08043</p> <p>Coordinator: Marlene Folino mfolino@gsida.org Phone: 856-566-3190, ext. 330 Fax: 856-783-2193</p>	<p align="center"><u>NEPHROLOGY</u></p> <p>PD: Joseph Pitone, D.O. 201 Laurel Oak Road Voorhees, NJ 08043</p> <p>Coordinator: Lynda Dunn ldunn@NephNJ.com Phone: 856-566-5478 Fax: 856-566-9561</p>	<p align="center"><u>OMM/NMM +1</u></p> <p>PD: Millicent King Channell, D.O. 42 E. Laurel Road, #3900 UDP Stratford, NJ 08084</p> <p>Coordinator: Kathy Kupiec kupieckl@umdnj.edu Phone: 856-566-2877 Fax: 856-566-6385</p>
<p align="center"><u>PULMONARY AND CRITICAL CARE</u></p> <p>PD: James C. Giudice, D.O. 42 E. Laurel Road, #3100 UDP Stratford, NJ 08084</p> <p>Coord: Karen Welding-Brown weldinkm@umdnj.edu Phone: 856-566-2753 Fax: 856-566-7074</p>	<p align="center"><u>SLEEP MEDICINE</u></p> <p>PD: Amita Vasoya, D.O. 42 E. Laurel Road, #3100 UDP Stratford, NJ 08084</p> <p>Coord: Karen Welding-Brown weldinkm@umdnj.edu Phone: 856-566-2753 Fax: 856-566-7074</p>	