



ROWAN UNIVERSITY

# School of Osteopathic Medicine



SOUTH JERSEY  
HEART GROUP, P.C.

## 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 Jefferson 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 C  
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. Thank you for your interest in our program.

Kelly Broome  
Program Coordinator  
ROWAN-SOM Cardiovascular Training Program  
kbroome@virtua.org

**PLEASE BE SURE THAT YOUR APPLICATION INCLUDES ALL OF THE FOLLOWING  
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

<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
<input type="checkbox"/> Most recent milestones

**ALL APPLICATIONS MUST BE SENT VIA MAIL TO:  
ROWAN-SOM CARDIOLOGY FELLOWSHIP  
KELLY BROOME  
1 BRACE ROAD, SUITE C  
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 Jefferson 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 Rowan-SOM and must be completed by all prior training programs.)
10. Most recent milestones

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](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.

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(Applicant's Signature)

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(Date)

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(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.

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(Applicant's Signature)

---

(Date)

---

(Print Name)



**JEFFERSON/LOURDES INTERNSHIP/RESIDENCY PROGRAMS**

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

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

**JEFFERSON/LOURDES FELLOWSHIP PROGRAMS**

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