



Cardiothoracic Critical Care (CTICU) PA Fellowship Application

Applicant Name

Last Name, First Name

Contact Information

Street Address

City, State

Zip Code

Email address

(____)____-____

Telephone Number

Education & Training:

College/University

Degree Title

PA Program

Month & Year of Graduation



Cardiothoracic Critical Care (CTICU) PA Fellowship Application

Personal Statement

Please include a personal statement that answers the following question (maximum 500 words):

Why do you want a PA Career in Cardiothoracic Critical Care medicine?

Please Submit the Following with your Application:

- Official PA School Transcripts
- Current BLS & ACLS Certification (must be American Heart Association accredited)
- DEA license (if active) or receipt of application submission
- NY State PA license or proof of pending application
- Curriculum Vitae (CV)

Send completed application, personal statement and associated materials to
CTICUPAFellowship@mountsinai.org