SCHOOL OF MEDICINE

RADIOLOGY AND IMAGING SCIENCES

Application for Fellowship

INSTRUCTIONS: Please complete and send this cover sheet with a copy of your CV and a personal statement to the fellowship director at the address specified by the program. One of the letters of recommendation must be from your program director. Please note, some programs also require copies of your Dean's letter, USMLE transcript and/or proof of graduation from medical school.

Subspecialty Program		**Starting Date**	
Last Name	**First Name**	**Middle Initial**	**Date of Birth**
Email	**Telephone (home)**	**Telephone (work)**	**Pager**
Home Street Address	**City**	**State** / **Zipcode**	**Country**
Citizenship / **Visa Type**	**Expiration Date**	**Permanent Resident**	

EDUCATION

Premedical College	**Degree**	**Year Completed**
Medical School	**Degree**	**Year Completed**

If foreign trained, complete fields below (copies of ECFMG and USMLE must be included):

ECFMG Exam	**Location**	**Date**	**Certificate No.**	**USMLE or LMCC Exam**	**Location**	**Date**	**Results**

Have you ever been convicted of a felony? If yes, please explain above. ☐ **Yes** ☐ **No**

STATES IN WHICH YOU ARE LICESNED TO PRACTICE MEDICINE

State	**License #**	**Expiration Date**	**State**	**License #**	**Expiration Date**
State	**License #**	**Expiration Date**	**State**	**License #**	**Expiration Date**

Have any of your state licenses been denied or revoked? If yes, please explain above. ☐ **Yes** ☐ **No**

TRAINING

1st Post Graduate Year (Internship):

Hospital	**Type of Training**	**Dates**

Other education, training, or hospital research (please list in chronological order, including current position):

Name	**Address**	**Type of Training**	**Dates**
Name	**Address**	**Type of Training**	**Dates**
Name	**Address**	**Type of Training**	**Dates**
Name	**Address**	**Type of Training**	**Dates**

REFERENCES

Please list the names and institutions of at least three physicians who will be writing letters for you. One letter must be from your current program director.

Name	**Institution**	**Name**	**Institution**
Name	**Institution**	**Name**	**Institution**
Name	**Institution**	**Name**	**Institution**

Date	**Signature**	**Initials**

SEND FORM SAVE FORM CLEAR FORM