



Application for Fellowship in Pediatric Radiology

Desired Start Date of Appointment: _____

Focused second year pediatric imaging fellowship positions are also available. Please note potential interest in second year position in the following pediatric subspecialty area(s) (check all that apply).

- Neuroradiology
- Fetal Imaging (US/MRI)
- Cardiac MRI
- Other _____
- Body MRI
- Interventional Radiology
- Dedicated Research Year

GENERAL INFORMATION

Name: _____
Last First Middle (complete) Maiden (if applicable)

Present Address: _____ Telephone: () _____ Preferred
_____ () _____ Alternate

E-mail address: _____ Pager Number: _____

Citizenship Status: US Citizen Permanent Resident J-1 visa H1-B Visa
Are you eligible or authorized to work in the US? Yes No Social Security No.: _____

Military Service

Were you in the U. S. Armed Forces? Yes _____ No _____ Branch _____
Dates of Duty: From _____ To _____ Rank/Grade _____

EXAMINATIONS

USMLE	Step 1:	Date _____	Status _____
	Step 2 CK:	Date _____	Status _____
	Step 2 CS:	Date _____	Status _____
	Step 3:	Date _____	Status _____

OTHER	Exam: _____	Date _____	Status _____
	Exam: _____	Date _____	Status _____

MEDICAL LICENSURE

State(s): _____ Type: _____ Expiration Date: _____

Have you been or are you currently the subject of disciplinary proceedings by any state licensure agency? Yes No
Have you been or are you currently the subject of disciplinary proceedings by any hospital? Yes No

If you answered yes to either, please explain on an additional sheet and attach it to this application.

EDUCATION

Undergraduate
College/University: _____
City, State: _____
Dates Attended: _____ Major: _____ Degree: _____

Medical School
School: _____
City/State: _____
Dates Attended: _____ Degree: _____ Graduation Date: _____
E.C.F.M.G. (if foreign trained): Number: _____ Issue Date: _____

Note: You must provide a copy of your valid ECFMG certificate.

PRIOR TRAINING

Internship

Institution: _____ Dates : _____

Address/City/State: _____

Area of Training/Specialty: _____ Completed Program? Yes No

Residency

Institution: _____ Dates : _____

Address/City/State: _____

Area of Training/Specialty: _____ Completed Program? Yes No

Fellowship

Institution: _____ Dates : _____

Address/City/State: _____

Area of Training/Specialty: _____ Completed Program? Yes No

EXPERIENCE

Organization & Location	Position	Dates

Other Special Training, Skills, or Research Experience: _____

AWARDS/ACCOMPLISHMENTS

PUBLICATIONS & PRESENTATIONS

