



APPLICATION FOR FELLOWSHIP IN RADIOLOGY

Cardiac Imaging Body Imaging

- *If applying for more than one fellowship, submit separate applications.*
- *Body and Musculoskeletal fellowships are one year; Breast is one year but the Program Director will consider shorter training periods of six or three months.*

Starting Date:			
Name:	Last	First	Middle
Mailing Address:			
Email:		Mobile Phone:	
Date of Birth:		Place of Birth:	
Citizenship:		Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Other:	
Visa Type (J1, H1, F1, etc.) <i>Proof of visa status must accompany application</i>		Expiration Date:	
Education:			
Premedical College:		Degree:	Year Completed:
Postgraduate:		Degree:	Year Completed:
Medical School:		Degree:	Year Completed:
Training -- Internship			
Hospital:		Type:	Dates:
Training – Residency (list in ascending chronological order, with current position last)			
Name:	Address:	Type:	Dates:
Name:	Address:	Type:	Dates:
Name:	Address:	Type:	Dates:
Name:	Address:	Type:	Dates:
Certifications:			
USMLE Step 3: Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No		COMLEX Level 3: Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Copies of USMLE or COMLEX transcripts must accompany application</i>			
ECFMG, if applicable <i>Copy must accompany application</i>		Date Certified:	Certificate No.
American Board of Radiology			
Will take Core exam: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date (month/year):	
Already certified? Date:		Certificate No.	
		Already taken – Result: <input type="checkbox"/> Pass <input type="checkbox"/> Not Passed	

Licensure		
Training License – State:	License No.:	Expiration Date:
Unrestricted License – State:	License No.:	Expiration Date:
Have you ever been denied or lost a state license? If yes, explain why:		
References – please list the names/institutions of at least three physicians who will submit letters on your behalf. A letter from your radiology residency program director is REQUIRED.		
Program Director Name:	Institution:	
Name:	Institution:	
Name:	Institution:	
Name:	Institution:	

I certify that the information provided is true and correct.

Signed: _____

Date:

Body Imaging and Musculoskeletal Imaging Applicants:

Return completed application, along with:

- Curriculum vitae
- Personal statement
- Photo (*can be .jpeg*)
- Copies of USMLE/COMLEX/ECGMG documents

to: Melissa Laity, Radiology Education Coordinator @ melissa.laity@ahn.org