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**DEPARTMENT OF RADIOLOGY
FELLOWSHIP APPLICATION
IN PEDIATRIC RADIOLOGY**

Type of Fellowship:

- 1. General _____
- 2. Neuroradiology _____
- 3. Body Imaging _____
- 4. Interventional Radiology _____

Interested in Pediatric Radiology Fellowship for:
One year _____ or Two years _____ (preferred)

Supporting Documents Required:

- 1. Curriculum Vitae
- 2. Two Letters of Recommendation
- 3. Copy of Radiology Board Certificate
- 4. Medical School Transcripts
- 5. Medical School Diploma
- 6. USMLE/COMLEX Exam Reports
- 7. ECFMG Certification if applicable

Date Training to Begin: _____

Name: _____

Address: _____

Phone No. _____ - _____ - _____ Cell Phone Number: _____ - _____ - _____

Email Address: _____

Office Address: _____

Pager Number: _____ - _____ - _____

Immigration: Are you authorized to work in the United States? _____

Type of Visa: _____ Expiration Date _____

Date of entry to USA: _____ ECFMG No.: _____

Which languages do you read, speak or write fluently? _____

Application for Fellowship In Pediatric Radiology

Licensure(s) & Certificate(s):

State Licenses: _____ Expiration: _____

State Licenses: _____ Expiration: _____

Name State Boards: _____ Date Passed: _____

Name National Boards: _____ Date Passed: _____

FLEX or VQE (Circle) Specialty Boards: _____

Date Passed: _____

USMLE: I II III (Circle)(Must have passed all three parts)

Date Passed I: _____ Date Passed II: _____

Date Passed III: _____ (Please provide scores)

Education:

Undergraduate: _____ Dates: _____

School: _____

Location: _____

Medical School: _____ Dates: _____

Location: _____

Other Postgraduate Studies:

Internship and Residency:

Name and Location:

Internship and Residency, continued:

Practice:

Military Service:

Special Honors:

Signature: _____ **Date:** _____

Comments:
