Common Application for Body Imaging Radiology Fellowship

Subspecialty Program			**Fellowship Year:**
Name: Last:		**First:**	**Middle Initial:**
Date of Birth:			
Address:			
City, State & Zip			
Telephone (Personal):	(CELL):	(HOME):	
Telephone (Work):			
Email:			
Pager #:			
Preferred Contact Method	Home ☐ Work ☐ Cell ☐ Pager ☐ Email ☐		
Social Security Number		**NPI #**	
Citizenship:			

VISA Type (J1, H1, F1, etc) (proof of visa status must accompany application)	**Expiration Date:**	**Permanent Resident:** Yes No	**Other:**

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

If foreign trained, do you have an ECFMG Certificate: Yes No	**Certificate No:**	**Date:**

AMERICAN BOARD OF RADIOLOGY/AMERICAN OSTEOPATHIC BOARD OF RADIOLOGY EXAM:		
CORE EXAM: Eligible? Y/N Already Taken? Y/N	If NOT taken, Expected exam dates:	If ALREADY taken, Exam dates and result:

STATES IN WHICH YOU ARE LICENSED TO PRACTICE MEDICINE:		
State:	**License #**	**Expiration Date:**

Have you ever been denied or lost a state license? If yes, explain why:

Training:		
Internship (Post-Graduate Year 1):		
Hospital:	**Type of Training:**	**Dates:**

Other education, training or hospital research: Please list in chronological order, including your present 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 three physicians who will be writing letters for you.

1 (Current Program Director or Chairperson):

2 (Body Radiologist with whom you have worked):

3 (Letter writer of your choice):

Date:	Signature:

Applicants are responsible for verifying whether program(s) they apply to accept this form, for providing any additional materials to complete their application at a particular program (e.g. CV, personal statement), and for submitting and confirming receipt of their completed application to the intended program(s). Click on each box to enter your information. You can then save and/or print your completed form.