APPLICATION FOR FELLOWSHIP TRAINING

UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON

INSTRUCTIONS (Please Type)

The completed **typed** form should be returned ASAP to: **Emergency Radiology Fellowship Program Coordinator**, Department of Radiology, Box 359728, Harborview Medical Center, 325 Ninth Avenue, Seattle, Washington 98104-2499.

If you need more space, please attach additional pages with the appropriate printed (not handwritten) information.

Type of fellowship training desired: EMERGENCY RADIOLOGY

Date of Application _____ Date you wish to begin training _____ U. S. Citizen?: Y N

Name: _____
(last) (first) (middle)

Social Security No.: _____ Date of Birth: _____

Business Address: _____ Home Address: _____

_____ _____

_____ Email Address: _____

Business Phone: (_____)_____ Home Phone: (_____)_____

PREMEDICAL EDUCATION

College	Address	Date: From-To	Degree

MEDICAL EDUCATION

College	Address	Date: From-To	Degree

POSTGRADUATE TRAINING

Position	City	Institution	Type of Service	Date:From-To

• The University of Washington provides equal opportunity in education on the basis of race, color, national origin and sex in accordance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments and Sections 799A and 855 of the Public Health Service Act.

FOREIGN MEDICAL GRADUATES - Please complete the following three items:

- ECFMG status and number _____
- USMLE status _____
- Current or Prior U.S. Visa types & dates _____

WHAT IS YOUR AMERICAN BOARD OF RADIOLOGY STATUS? _____

ARE YOU LICENSED TO PRACTICE MEDICINE? _____ Where? _____ License Number: _____

MILITARY STATUS: _____

Are you currently suffering from any disability or illness (mental or physical) which could affect your ability to fully practice medicine?

_____

HONORS: _____

_____

_____

PUBLICATIONS LIST: _____

_____

_____

_____

SPECIAL TRAINING AND INTERESTS:

Have you had any special training or experience that could contribute to a research project during your training? _____

_____

_____

- On a separate sheet **describe your reasons** for seeking fellowship training, your long range objectives in radiology and the amount and type of subsequent training you desire.
- Please mail or e-mail a current copy of your **curriculum vitae**.
- Where do you contemplate locating after your training? _____

REFERENCES

- **List three references.** Include the Director of your residency program. (Please contact them and ask each to write a letter of reference at this time.)

Name _____ Title _____ Address _____

_____

_____

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_____

Signature **(Date)**