

**DEPARTMENT OF RADIOLOGY - FELLOWSHIP APPLICATION**

**PEDIATRIC RADIOLOGY**

**Type of Fellowship: (please mark below)**

- 1. ACGME Pediatric Diagnostic (1-year) \_\_\_\_\_
- 2. Neuroradiology (2-year) \_\_\_\_\_
- 3. Body Imaging (2-year) \_\_\_\_\_
- 4. Interventional Radiology (2-year) \_\_\_\_\_

Academic Year applying to: \_\_\_\_\_

**Interested in Pediatric Radiology Fellowship for: (please mark below)**

One year \_\_\_\_ or Two years \_\_\_\_ (preferred)

**Supporting Documents Required:**

- 1. Curriculum Vitae
- 2. 3 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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Program Address: \_\_\_\_\_

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: \_\_\_\_\_

State Boards: \_\_\_\_\_ Date Passed: \_\_\_\_\_

National Boards: \_\_\_\_\_ Date Passed: \_\_\_\_\_

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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 remember to provide scores)**

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### Education:

Undergraduate Degree: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Medical School: \_\_\_\_\_ Dates: \_\_\_\_\_

School Address: \_\_\_\_\_

### Other Postgraduate Studies: (as applicable)

Degree Program: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

### Internship and Residency:

Program Name: \_\_\_\_\_

Program Address: \_\_\_\_\_

Graduation Date (or expected graduation): \_\_\_\_\_

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**Practice:**

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**Military Service:**

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**Special Honors:**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**

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