

Body Imaging- Emergency Radiology Fellowship Application

Also attach/send:

- CV
- Photo
- Medical transcript
- List of publications, if any
- USMLE Score
- ECFMG certificate (if applicable)
- 3 letters of recommendation
- Personal statement about interest in Emergency Radiology (1 page)

Last Name: _____ First Name: _____

Email Address: _____

Preferred Phone Number: (____)_____-_____

Body Imaging- Emergency Radiology Fellowship Application

General Information

Last Name: _____ First Name: _____ Middle Initial: _____
Preferred Name: _____ DOB: _____
Gender: M F Marital Status: M S W
Contact Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
Email Address: _____
NPI Number: _____ Last 4 of SS#: _____
Birth Place: _____ Citizenship: _____ Visa Type: _____
Language Fluency (other than English): _____

Education

High School:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Date of Degree (mm/yyyy): _____

Undergraduate:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Date of Degree (mm/yyyy): _____
Years Attended: _____ Special Honors: _____
GPA: _____ Degree Received: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Date of Degree (mm/yyyy): _____
Years Attended: _____ Special Honors: _____
GPA: _____ Degree Received: _____

Medical School: (attach transcripts and copies of diplomas)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Date of Degree (mm/yyyy): _____
Years Attended: _____ Medical Education Extended or Interrupted? Yes No
If yes, please explain: _____
Degree Received: _____ Special Honors: _____

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Residency:

Program Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Years Attended: _____ Completion Date: _____

Specialty: _____ Program Director: _____

Program Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Years Attended: _____ Completion Date: _____

Specialty: _____ Program Director: _____

Program Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Years Attended: _____ Completion Date: _____

Specialty: _____ Program Director: _____

Training Extended or Interrupted? Yes No

If yes, please explain: _____

Relevant Work/Volunteer Experience (attach sheets if needed)

Name: _____ Type: Volunteer Work

Address: _____

City: _____ State: _____ Zip: _____ Position: _____

Years: _____ Description: _____

Name: _____ Type: Volunteer Work

Address: _____

City: _____ State: _____ Zip: _____ Position: _____

Years: _____ Description: _____

Name: _____ Type: Volunteer Work

Address: _____

City: _____ State: _____ Zip: _____ Position: _____

Years: _____ Description: _____

Name: _____ Type: Volunteer Work

Address: _____

City: _____ State: _____ Zip: _____ Position: _____

Years: _____ Description: _____

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Licensure

Are you board certified? Yes No

States you are licensed in: _____ Expiration Date: _____

Has license ever been revoked? Yes No

If yes, please explain: _____

State you are licensed: _____ Expiration Date: _____

Has license ever been revoked? Yes No

If yes, please explain: _____

Are there any restrictions to your eligibility for licensure in TN? Yes No

If yes, please explain: _____

DEA Reg. #: _____

Ever Named in a Malpractice Suit? Yes No

If yes, please explain: _____

Medical Certifications:

Name: _____

Date Received (mm/yyyy): _____ Date Expires (mm/yyyy): _____

Name: _____

Date Received (mm/yyyy): _____ Date Expires (mm/yyyy): _____

Name: _____

Date Received (mm/yyyy): _____ Date Expires (mm/yyyy): _____

Name: _____

Date Received (mm/yyyy): _____ Date Expires (mm/yyyy): _____

Examinations: (attach scores/ certification)

USMLE ID Number: _____

USMLE Step 1 Score: _____ Date taken (mm/yyyy): _____

USMLE Step 2 CS Score: _____ Date taken (mm/yyyy): _____

USMLE Step 2 CK Score: _____ Date taken (mm/yyyy): _____

USMLE Step 3 Score: _____ Date taken (mm/yyyy): _____

ECFMG Certification Number: _____ Date Issued (mm/yyyy): _____

Felony Conviction? Yes No

If yes, please explain: _____

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Military Service Obligation/ Deferment? Yes No

If yes, please explain: _____

Past Teaching Experience (attach sheets if needed):

Membership and Honorary/ Professional Societies:

Other Awards:

Hobbies and Interests:
