

POSTGRADUATE TRAINING:

(Position) (City) (Institution) (Type of Service) (Date From-To)

OTHER INFORMATION:

WHAT IS YOUR AMERICAN BOARD OF RADIOLOGY STATUS? _____

ARE YOU LICENSED TO PRACTICE MEDICINE? _____ Where? _____ License # _____

MILITARY STATUS _____

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

Yes__ No__ If yes, please describe: _____

HONORS _____

PUBLICATIONS _____

FOREIGN MEDICAL GRADUATES - Please complete the following items:

• ECFMG Status and **Number** _____

• USMLE Status _____

• Current or Prior U.S. Visa Types & Dates _____

SPECIAL TRAINING AND INTERESTS:

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

- Please include a current copy of your **curriculum vitae**.
- Please send a copy of your **medical school diploma**.
- On a separate sheet **narrate your reasons** for seeking fellowship training, your long-range objectives in radiology and the amount and type of subsequent training you desire.

REFERENCES:

- **List three references**, including the director of your residency program. Letters of reference must be sent directly from their writers to our program (address given below).

(Name)

(Title)

(Email Address)

Signature

Date

Please email completed application packet in PDF form to: fellowbi@uw.edu.

Mailing Address:
Abdominal Radiology Fellowship
UW Department of Radiology
Box 357115
1959 NE Pacific Street
Seattle, WA 98195-7115