

## IMAGING PHYSICS RESIDENCY PROGRAM APPLICATION

Application is for residency program starting July 1, 2025. Deadline for application submission is November 25, 2024.

APPLICANT INFORMATION						
	NAME (LAST, FIRST MIDDLE):					
	MAILING ADDRESS:					
	PERMANENT ADDRESS (if different):					
	Primary Phone:					
	Alternate Phone:					
	Primary Email:					
	Alternate Email:					
	Citizenship:					
	Visa required?					
CERTIFICATION and LICENSURE STATUS  Please enter your most recent status for American Board of Radiology (ABR) certification:						
ABR Part 1 General/Clinical						
	Have not yet applied	T (D) (AAANNAN)				
	Approved to take Part 1	Test Date (MM/YYYY):				
	Passed Part 1 Year:					
	Comments regarding ABR exam status:					

List any previously attained ABR/ABMP/Other Professional Certifications (type/date attained):
List any active state licensure/registration to practice medical physics:
EDUCATION
Undergraduate Education (list additional in submitted CV)
School Name:
School Location:
Major Field of Study: Degree:
Year Attained:
Graduate Education (list additional in submitted CV)
School 1 Name:
Location:
CAMPEP Accredited (Yes/No): Major Field of Study: Degree:
Year Attained/Expected:
Thesis/Dissertation Title:
Advisor:
School 2 Name:
Location:
CAMPEP Accredited (Yes/No):
Major Field of Study: Degree:
Year Attained/Expected:
Thesis/Dissertation Title:

Advisor:

Remaining Coursework (if applicable) – if you are currently in the process of completing your graduate studies and your transcripts do not indicate all of your coursework, please indicate what courses are not included in the space below:

## PROFESSIONAL REFERENCES (Please also attach three (3) letters of recommendation)

Reference Number 1		
Name:		
Relationship:		
Position/Department:		
Institution:		
E-mail Address:		
Reference Number 2		
Name:		
Relationship:		
Position/Department:		
Institution:		
E-mail Address:		
Reference Number 3		

## Name:

Relationship:

Position/Department:

Institution:

E-mail Address:

## APPLICATION COMPLETION CHECKLIST and ATTACHMENTS

Please submit the following required documents to uwradmp@uw.edu.

- 1) Completed Application
- 2) Personal Statement or Cover Letter Please attach a personal statement or cover letter (< 3000 characters), write about anything you would like to communicate to the application reviewers.
- 3) <u>Curriculum Vitae</u> Please attach a current copy of your CV (pdf format). The CV should include awards, publications, and presentations. Please ensure that peer-reviewed publications are readily identifiable.
- Transcripts and Degrees Please attach a copy of your undergraduate and graduate school transcripts and degrees.
- 5) Letters of Recommendation Please attach three (3) letters of recommendation.

For more information: https://rad.washington.edu/education/imaging-physics-residency-program/

UW Medicine Graduate Medical Education DEI Statement: https://sites.uw.edu/uwgme/equity-diversity-inclusion/