Application for Nuclear Medicine Residency

Subspecialty Program: Nuclear Medicine			Starting Date:	
Name:	Last:	First:	Middle Initial:	
Date of Birth:		Social Security #:		
Address 1:				
Address 2:				
Address 3:				
Telephone (Home):		Telephone (Work):		
E-Mail:	Pager #	Citizenship:		
VISA Type (J1, H1, etc.- proof of Visa status must accompany application)	Expiration Date:	Permanent Resident? ☐ Yes ☐ No	Other:	

Education:

Premedical College:	Degree:	Year Completed:	
Medical School:	Degree:	Year Completed:	
If foreign trained, have you taken: ECFMG Exam:	Where:	Date:	Cert. #

USMLE Scores (Note: copies of all USMLE results must be included):

USMLE 1 Score:	USMLE 2 Clinical Knowledge:	USMLE Clinical Skills:	USMLE 3 Score:

AMERICAN BOARD OF RADIOLOGY EXAMS (dates taken and results of each):

Physics:	Written:	Oral:

STATES IN WHICH YOU ARE LICENSED TO PRACTICE MEDICINE:

State:	License #:	Expiration Date:
State:	License #:	Expiration Date:

Have you ever been denied or lost a state license? If yes, explain why:

Training:

1st Post Graduate Year (Internship):

Hospital:	Type of Training:	Dates:

Other education, training or hospital research (please list in chronological order, including your present position):

Name:	Address:	Type of Training:	Dates:
Name:	Address:	Type of Training:	Dates:
Name:	Address:	Type of Training:	Dates:
Name:	Address:	Type of Training:	Dates:

REFERENCES: please list the names and institutions of three physicians who will be writing letters for you:

1.

2.

3.

Date:	(Signed):

Please send this cover sheet with a copy of your CV and a personal statement to: Ka Kit Wong, M.B.B.S., Department of Radiology, Division of Nuclear Medicine, University of Michigan Medical Center, 1500 E. Medical Center Dr. #B1G505, Ann Arbor, MI 48109-5028. Three letters of recommendation must include: 1) one letter from your most recent Program Director 2) two letters must come from faculty at your most recent training program 3) **ALL letters MUST include references to your clinical skills and medical knowledge.**