

Application for Pediatric Radiology Fellowship

Subspecialty Program: Pediatric Radiology				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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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):					
<u>USMLE 1 Score:</u>		<u>USMLE 2 Clinical Knowledge:</u>		<u>USMLE Clinical Skills:</u>	<u>USMLE 3 Score:</u>
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: Maria Ladino-Torres, MD, Fellowship Program Director, University of Michigan Health System, C.S. Mott Children's Hospital, Room 3-220, 1540 E. Hospital Drive., Ann Arbor, MI 48109-5252. 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.					