# Fellowship Application

Subspeciality Program: Click or tap here to enter text.

Starting Date: Click or tap to enter a date.

Instructions:

Please complete all sections of the application. Your submission must be completed in English with all applicable documentation attached.

# Demographic Information:

Legal Last Name: Click or tap here to enter text. Legal First Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State and Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Are you authorized to work in a full-time capacity in the United States? Yes  No

If you answered no, are you eligible to receive work authorization in the United States?

Yes  No

# Education:

Medical School: Click or tap here to enter text. Degree:Click or tap here to enter text.

Year Completed: Click or tap here to enter text.

If foreign trained, do you have an ECFMG Certificate: Yes  No

Certificate Number: Click or tap here to enter text. Date: Click or tap to enter a date.

# Medical Licensure:

|  |  |  |
| --- | --- | --- |
| State: Click or tap here to enter text. | License #: Click or tap here to enter text. | Expiration Date: Click or tap here to enter text. |

Have you ever been denied or had your state license revoked? Yes  No

If you answered yes, explain why: Click or tap here to enter text.

# Training:

Internship (Post Graduate Year 1)

Hospital: Click or tap here to enter text. Service: Click or tap here to enter text.

Previous Residency

Hospital: Click or tap here to enter text. Service: Click or tap here to enter text.

Staff Positions:

Hospital: Click or tap here to enter text. Service: Click or tap here to enter text.

# Additional Questions:

Would you be interested in the Alternate Pathway for Board Certification in the future?

[ABR (theabr.org)](https://www.theabr.org/diagnostic-radiology/initial-certification/alternate-pathways/international-medical-graduates)

Yes No

Note: If you mark “yes”, please check to see if your Radiology Residency training is acceptable to the ABR.

# Required Documents:

To complete your application, please attach the following documents:

Curriculum Vitae (CV)

Statement of unexplained timeline periods on your CV, if applicable

Personal Statement

Three Letters of Recommendation

Photocopy of the Dean’s Letter from your Medical School – or ECFMG Certificate

USLME Step 1, Step 2, and \*Step 3 transcripts. \*(For H1B consideration)

Diagnostic Radiology Certificate of Completion

Date: Click or tap to enter a date. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed application to: [RadEducationDivision@uthscsa.edu](mailto:RadEducationDivision@uthscsa.edu)