# **Fellowship Application**

Subspeciality Program: Click or tap here to enter text.

Starting Date: Click or tap to enter a date.

If you are applying to one of the following subspecialty programs: Breast Imaging, Breast & Women’s Imaging, Neuroradiology or Interventional Radiology Independent

Please enter the following information:

NRMP ID: Click or tap here to enter text.

AAMC ID: Click or tap here to enter text.

**Instructions:**

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

# **Demographic Information:**

Prefix: Ms./Mrs./Miss/Mr.

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 according to your status:

**American Medical Graduate (AMG)**

* CV
* Personal Statement
* (3) letters of recommendation – letters cannot be older than 6 months. Must be dated, signed and on letterhead.
* Deans letter from medical school
* USLME Step 1
* USLME Step 2
* USLME Step 3(this step must be completed before application will be forwarded to program director)
* Diagnostic Radiology Certificate of completion or Letter of Good Standing.

**International Medical Graduate (IMG)**

* CV-included scholarly activity
* Personal Statement
* (3) letters of recommendation – letters cannot be older than 6 months. Must be dated, signed and on letterhead.
* Dean’s Letter from medical school
* ECFMG (copy of certificate)
* USLME Step 1
* USLME Step 2
* USLME Step 3(this step must be completed before application will be forwarded to program director)
* Diagnostic Radiology Certificate of completion or Letter of Good Standing.

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

**Please return completed application to: RadEducationDivision@uthscsa.edu**

Click or tap to enter a date.