**APPLICATION FOR FELLOWSHIP TRAINING** **UNIVERSITY OF WASHINGTON**

# SEATTLE, WASHINGTON

I**NSTRUCTIONS (Please Type)**

The completed form should be returned to: Tara Camilli, Administrator, Pediatric Radiology Fellowship Program, Seattle Children’s Hospital, Department of Radiology, MA.7.220 4800 Sand Point Way NE, Seattle, WA 98105 [tara.camilli@seattlechildrens.org](mailto:tara.camilli@seattlechildrens.org)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of fellowship training desired: | | |  | | | | | |
| Date of Application: | |  | | Date you wish to begin training: | | | |  |
| Name | |  | |  | | | |  |
|  | | (Last) | | (First) | | | | (Middle) |
| Social Security #: |  | | | |  | Date of Birth: |  | |
| Business address: |  | | | |  | Home address: |  | |
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|  |  | | | |  |  |  | |
|  |  | | | |  | Email address: |  | |
| Business phone: |  | | | |  | Home phone: |  | |

## PREMEDICAL EDUCATION

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| --- | --- | --- | --- |
| College | Address | Date: From-To | Degree |
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**MEDICAL EDUCATION**

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| College | Address | Date: From-To | Degree |
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**Postgraduate TRAINING**

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| --- | --- | --- | --- | --- |
| Position | City | Institution | Type of Service | Date: From-To |
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• The University of Washington provides equal opportunity in education on the basis of race, color, national origin and sex in   
 accordance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments and Sections 799A and 855   
 of the Public Health Service Act.

**FOREIGN MEDICAL GRADUATES** - Please complete the following three items:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| • ECFMG status and number: | | |  | | | | | | | |
| • USMLE status: |  | | | | | | | | | |
| • Current or Prior U.S. Visa types & dates: | | | |  | | | | | | |
| **WHAT IS YOUR AMERICAN BOARD OF RADIOLOGY STATUS?** | | | | | | |  | | | |
| **Are you licensed to practice medicine?** | | | | |  | Where? | |  | License number: |  |
| **Military status**: | |  | | | | | | | | |

Are you currently suffering from any disability or illness (mental or physical) which could affect your ability to fully practice medicine?

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**HONORS:**

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| **PUBLICATIONS LIST:** |
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**SPECIAL TRAINING AND INTERESTS:**

Have you had any special training or experience that could contribute to a research project during your training?

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**•** On a separate sheet **narrate your reasons** for seeking fellowship training, your long-range objectives in radiology, and the

amount and type of subsequent training you desire.

**•** Please mail or e-mail a current copy of your **curriculum vitae**.

**•** Where do you contemplate locating after your training?

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# REFERENCES

**•** **List three references.** Include the Director of your residency program. (Please contact them and ask each to write a letter of reference, and send directly to Tara Camilli)

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| Name | Title | Address |
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**Signature (Date)**