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|  | University of Washington  Interventional Radiology Clerkship |

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| **RADGY 684 Application** |

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| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

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| --- | --- | --- | --- | --- | --- |
| Preferred Name: |  |  |  | Gender: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |
| --- | --- |
| Medical school: |  |

|  |  |
| --- | --- |
| Expected year of graduation: |  |

|  |  |
| --- | --- |
| USMLE Step 1 score: |  |

|  |  |
| --- | --- |
| Preferred rotation dates (list 3): |  |

Go to [UW SOM Clerkship Catalog](https://sites.uw.edu/medevalu/clerkship-basics/)

See Clinical Calendars

List which **4-week** rotations you desire in order of preference

Thank you for your interest in our clerkship!

Please submit this form, along with your CV and letter of interest, to Kevin Nguyen at [nguyenk6@uw.edu](mailto:nguyenk6@uw.edu).