

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

Department of Radiology – Abdominal Radiology
APPLICATION FOR ACGME FELLOWSHIP TRAINING

Name

(Last)

(First)

Initial)

(Middle

Do you have a US Social Security number? ____ Yes ____ No

Contact Address

Business Telephone

Primary Phone

E-mail Address

Personal Email

PREMEDICAL EDUCATION:

(College Name)

(Address)

(Date From-To)

(Degree)

MEDICAL EDUCATION:

(College Name)

(Address)

(Date From-To)

(Degree)

(College Name)

(Address)

(Date From-To)

(Degree)

TEST RESULTS: (double click check box to check.)

USMLE 1: Pass ☐ Fail ☐

USMLE 2: Pass ☐ Fail ☐

USMLE 3: Pass ☐ Fail ☐

POSTGRADUATE TRAINING:

(Position)

(City)

(Institution)

(Type of Service)

(Date From-To)

OTHER INFORMATION:

WHAT IS YOUR AMERICAN BOARD OF RADIOLOGY STATUS? _____

ARE YOU LICENSED TO PRACTICE MEDICINE? _____ Where? _____ License # _____

MILITARY STATUS _____

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

Yes___ No___ If yes, please describe: _____

HONORS _____

PUBLICATIONS _____

FOREIGN MEDICAL GRADUATES - Please complete the following items:

• ECFMG Status and Number _____

• USMLE Status _____

• Current or Prior U.S. Visa Types & Dates _____

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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- Please include a current copy of your **curriculum vitae**.
 - Please send a copy of your **medical school diploma**.
 - 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.

REFERENCES:

- **List three references**, including the director of your residency program. Letters of reference must be sent directly from their writers to our program (address given below).

(Name)	(Title)	(Email Address)
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<hr/>		

Signature**Date**

Please email completed application packet in PDF form to: fellowbi@uw.edu.

Mailing Address:
Abdominal Radiology Fellowship
UW Department of Radiology
Box 357233
1959 NE Pacific Street
Seattle, WA 98195-7115