

Application for the University of Washington Cardiothoracic Imaging Fellowship Program

WE ACCEPT TYPED APPLICATIONS ONLY. HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED

The completed form should be returned to Kathy Nguyen at kn38@uw.edu

Desired year to begin training:				
Full name:				
Email address:				
PREMEDICAL EDUCATION – for more room, include additional positions in your CV				
College:	Address:	Date (from-to):	Degree:	
MEDICAL EDUCATION – for more room, include additional positions in your CV				
College:	Address:	Date (from-to):	Degree	
INTERNSHIPS, RESIDENCIES, AND FELLOWSHIPS – for more room, include additional positions in your CV				
Position:	Location:	Institution name:	Type of service:	Date (from-to):

USMLE Scores		
Step 1:	Step 2:	Step 3:
COMLEX Scores		
Level 1:	Level 2:	Level 3:
MCCQE Part I Score		
Total score:		
Board Eligibility & Licensing		
Are you board-eligible/certified?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Authorization		
1. Are you currently authorized to work in the United States?		
<input type="checkbox"/> Yes <input type="checkbox"/> No. See question 2.		
2. If not, will you require visa sponsorship?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Honors, Scholarships, and Grants		
Membership in Professional Societies		
Publications – for more room, attach additional publications on a separate page or include in your CV		

Special Training and Interests – Please describe any special training or experience that could contribute to a research project during your training.

YES answers to any of the following questions require a written explanation on a separate sheet (positive responses to questions do not necessarily preclude acceptance):

Have you ever been involved in a malpractice lawsuit or claim (whether you were individually named as a defendant)?	YES	NO
Have you ever been called before any entity for questioning concerning unprofessional conduct, incompetence, negligence, unsafe practices, or mental or physical impairment?	YES	NO
If you have been licensed to practice medicine, has any such license, or application for it, ever been denied, revoked, suspended or restricted?	YES	NO

Briefly narrate your reasons for seeking fellowship training, your long-range objectives and the amount and type of subsequent training you desire.

References. We require 3 letters of recommendation including a letter from your residency training program, a letter from your current fellowship (if attending), and a letter from other faculty, colleagues, or fellowship directors. Please include institutional emails, such as ones ending in .edu or .org, etc. when possible.

Name, title, email, and specify the date range when you worked with this reference:

Name, title, email, and specify the date range when you worked with this reference:

Name, title, email, and specify the date range when you worked with this reference:

Signature:	Date: