

Application for the University of Washington 4-Year ABR Alternate Pathway

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:	Location:	Date (from-to):	Degree:	
MEDICAL EDUCATION – for more room, include additional positions in your CV				
College:	Location:	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:

Board Eligibility & Licensing

1. Are you board eligible/certified?

Yes

No

2. ECFMG ID:

3. ECFMG Issue date:

4. Are you currently licensed to practice in another country?

Yes

No

Work Authorization

1. Are you currently authorized to work in the United States for the duration of the pathway?

Yes

No. See Question 2.

2. If no, will you require visa sponsorship?

Yes

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.

Which following programs would you most prefer to have as part of your pathway?

We will attempt to offer a 4-year pathway that meets this as much as possible. However, our training positions are limited and you may be offered a 4-year pathway different from your initial request.

- Abdominal Radiology
- Cancer Imaging
- Cardiothoracic Imaging
- Emergency Radiology
- Musculoskeletal Radiology
- Neuroradiology
- Nuclear Medicine
- PET/CT
- Pediatric Radiology
- Theranostics

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):

YES	NO

Have you ever been involved in a malpractice lawsuit or claim (whether you were individually named as a defendant)?

Have you ever been called before any entity for questioning concerning unprofessional conduct, incompetence, negligence, unsafe practices, or mental or physical impairment?

If you have been licensed to practice medicine, has any such license, or application for it, ever been denied, revoked, suspended or restricted?

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: