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 (ACGME) ☐Cancer Imaging (Non-ACGME) ☐Cardiothoracic Imaging (Non-ACGME) ☐Emergency Radiology (Non-ACGME) ☐Musculoskeletal Radiology (Non-ACGME) ☐Neuroradiology (ACGME) ☐Nuclear Medicine (ACGME) ☐PET/CT (Non-ACGME) ☐Pediatric Radiology (ACGME) ☐Theranostics (Non-ACGME) ☐Breast Imaging (Non-ACGME)
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:	
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Name, title, email, and specify the date range when you worked with this reference:	
Signature:	**Date:**