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? ☐ Yes ☐ No		
Work Authorization		
1. Are you currently authorized to work in the United States? ☐ Yes ☐ No. See question 2. 2. If not, 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.	
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:**