

## Department of Radiology – Fellowship Application

<b>Subspecialty Program:</b>		<b>Starting Date</b>	
<b>Name:</b>	<b>Last</b>	<b>First</b>	<b>Middle Init</b>
<b>Date of Birth:</b>			
<b>Address 1:</b>			
<b>Address 2:</b>			
<b>Telephone (Home):</b>		<b>Telephone (Work):</b>	
<b>Email:</b>			
<b>Citizenship</b>			
<b>VISA Type (J1, H1, F1, etc.) (if currently on a visa, please provide documentation)</b>		<b>Expiration Date:</b>	<b>Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>
		<b>Other:</b>	
<b>Education:</b>			
<b>Premedical College:</b>		<b>Degree:</b>	<b>Year Completed:</b>
<b>Medical School:</b>		<b>Degree:</b>	<b>Year Completed:</b>
<b>If foreign trained, have you taken:</b>	<b>ECFMG EXAM:</b>	<b>where:</b>	<b>Date:</b>
<b>Certificate No.</b>			
<b>USMLE or LMCC EXAM:</b> (copies of ECFMG and USMLE must be included)			
<b>Step 1:</b> (dates /location / results)		<b>Step 2 (Part 1&amp;2):</b> (dates /location / results)	
		<b>Step 3:</b> (dates /location / results)	
<b>AMERICAN BOARD of RADIOLOGY EXAMS:</b>			
<b>Physics:</b> (dates taken and results)		<b>Written:</b> (dates taken and results)	
		<b>Oral:</b> (dates taken and results)	
<b>STATES IN WHICH YOU ARE LICENSED TO PRACTICE MEDICINE:</b>			
<b>State:</b>		<b>License #:</b>	
		<b>Expiration Date:</b>	
<b>Have you ever been denied or lost a state license? If yes explain why:</b>			
<b>Training:</b>			
<b>1st Post Graduate Year (Internship):</b>			
<b>Hospital:</b>		<b>Type of Training:</b>	
		<b>Dates:</b>	
<b>Other education, training or hospital research : (please list in chronological order, including your present position)</b>			
<b>Name:</b>	<b>Address:</b>	<b>Type of Training:</b>	<b>Dates:</b>
<b>Name:</b>	<b>Address:</b>	<b>Type of Training:</b>	<b>Dates:</b>
<b>Name:</b>	<b>Address:</b>	<b>Type of Training:</b>	<b>Dates:</b>
<b>Name:</b>	<b>Address:</b>	<b>Type of Training:</b>	<b>Dates:</b>
<b>REFERENCES: please list the names and institutions of three physicians who will be writing letters for you:</b>			
<b>1:</b>		<b>4: vvvv</b>	
<b>2:</b>		<b>5:</b>	
<b>3:</b>		<b>6:</b>	
<b>Date:</b>	<b>(Signed) _____</b>		
<p>Please <b>upload this cover sheet</b> with a copy of your <b>CV</b> and a personal statement to <b>MUSC Human Resources website job posting</b> for the fellowship you are applying. Also upload your <b>USMLE transcript, proof of graduation from medical school and copy of current ECFMG (if applicable)</b>. A pdf file containing all documents is preferable. Click on each box on this form to enter your information. You can then Save and Print your completed form. <b>Three letters of recommendation (including one from your program director)</b> should be sent or emailed to the program director listed on website, c/o MUSC Dept. of Radiology, 96 Jonathan Lucas Street – MSC 323, Charleston, SC 29425. (raulina@musc.edu) Consideration will be given to only to candidates who apply to HR site online.</p>			