

STRONG MEMORIAL HOSPITAL
OF THE UNIVERSITY OF ROCHESTER
601 ELMWOOD AVENUE
ROCHESTER, NEW YORK 14642-8648

DEPARTMENT OF IMAGING SCIENCES

APPLICATION FOR FELLOWSHIP

PHOTO

A signed, recent photograph
is not a requirement but is
helpful.

NAME (Print) _____
First Middle Last

SOCIAL SECURITY NO. _____ E-MAIL ADDRESS _____

PRESENT ADDRESS _____ Phone _____
Street

_____ City State Zip Code

PERMANENT ADDRESS _____ Phone _____
Street

_____ City State Zip Code

DATE OF BIRTH* _____ If not a U.S. citizen:

PLACE OF BIRTH* _____ Type of Visa _____

CITIZENSHIP* _____ Immigration No. _____

Foreign Medical Graduates: ECFMG No. _____
Standard or Interim?

NAME OF SPOUSE* _____

or

NEAREST RELATIVE _____ Relation _____

ADDRESS OF RELATIVE _____ Phone _____

*The New York State Human Rights Law prohibits discrimination because of race, creed, color, national origin, sex, disability, or marital status.

Do you have any commitment for military or National Health Corps Service? _____

THIS APPLICATION BECOMES - FOR THOSE APPOINTED - A PERMANENT RECORD

EDUCATION: (Please include degrees to be granted and any non-degree work.)

Undergraduate Degree	University or College	Month	Year
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Graduate Degree	University or College	Month	Year
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Other Degrees	University or College	Month	Year
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HOSPITAL AND CLINICAL EXPERIENCE:

Position	Hospital	City	Dates
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Position	Hospital	City	Dates
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Have you ever been disciplined by, dismissed from, or not re-appointed to a previous residency or fellowship program? Yes No If so, please provide details on separate sheet.

Examination Completed: NBME _____ FLEX _____ USMLE / COMEX _____

Score (s): _____

ABR Certified: Yes No Date: _____

Licensure - State(s), if any: _____

Can you come for a personal interview? Yes No A personal interview is not a requirement but is strongly recommended. The interview must be arranged in advance and is by invitation of the Fellowship Committee.

POSITION DESIRED _____

Body Imaging, Emergency Radiology, Musculoskeletal Imaging, Neuroradiology, Nuclear Medicine
Pediatric Radiology, or Vascular/Interventional

TRAINING TO BEGIN ON _____ Date application submitted _____

Effective July 1, 1995, all incoming Strong Memorial Hospital Housestaff will be required to participate in drug testing as part of the pre-employment process.

SIGNATURE _____

1. Mail completed and signed application with an essay containing an autobiographic statement and comments on the selection of radiology as a career.
2. Three letters of recommendation from faculty, a Dean's letter from your medical school, and a complete transcript from your medical school are required.
3. Foreign graduates: Include a copy of ECFMG certificate. ECFMG certification is required of all foreign medical graduates.
4. Address all material to: Program Coordinator

(insert type of Fellowship requested)

Department of Imaging Sciences, Box 648
University of Rochester Medical Center
601 Elmwood Avenue
Rochester, New York 14642-8648