

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. \_\_\_\_\_

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 \_\_\_\_\_

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