Department of Radiology
FELLOWSHIP APPLICATION CHECKLIST

Name of Applicant: _____

Fellowship start date: _____

□ **Completed application**
Please be sure to sign your application

□ **Curriculum Vitae with cover letter**
Should include education, work experience, publications, scientific exhibits and honors in medicine

□ **Three letters of recommendation**
Letters of recommendation, addressed to the Program Director, must be written by Radiologists, at least one of whom is a PEDIATRIC Radiologist. Letters of recommendation MUST be requested by the applicant AND sent under separate cover DIRECTLY to the Program Director:

Scott A. Jorgensen, M.D.
Pediatric Radiology Fellowship Program Director
Phoenix Children's Hospital
1919 E. Thomas Road
Phoenix, AZ 85016

□ **Small photograph**
For identification purposes. Please affix to page 2 where stated.

RETURN COMPLETED APPLICATION AND DIRECT ALL CORRESPONDENCE TO:

Ozzie Rodriguez
Fellowship Coordinator
Phoenix Children's Hospital
1919 E. Thomas Road
Phoenix, AZ 85016
Telephone: 602-933-3132
Fax: 602-933-1264
E-mail: orodriguez1@phoenixchildrens.com

Department of Radiology
FELLOWSHIP APPLICATION

PLEASE AFFIX PHOTO HERE

(Please check applicable fellowship program)

☐ **Pediatric Radiology** ☐ **Pediatric Interventional Radiology** ☐ **Pediatric Neuroradiology**

PERSONAL INFORMATION

Last First Middle

Current Address

Current Address

Home Telephone Work Telephone Cellular Telephone

E-mail address Date of Birth

Social Security Number NPI Number (National Provider ID, if applicable)

Emergency Contact Relationship Telephone

Place of Birth Country of Citizenship

USMLE: Step 1: Date: _____ Score: _____
Step 2 CK: Date: _____ Score: _____
Step 2 CS: Date: _____ Score: _____
Step 3: Date: _____ Score: _____

☐ Board Eligible in Diagnostic Radiology Anticipated date of Boards? _____

☐ Board Certified in Diagnostic Radiology Date of Certification? _____

If not a U.S. Citizen:

What type of visa will you hold while you are at Phoenix Children's Hospital?

_____

If you are in the U.S. on an Exchange Visitor Program, give the name and program number of your current sponsor: _____

A graduate of foreign school (except Canada) who will have any clinical responsibilities is required to pass the United States Medical Licensing Exam (USMLE).

If you are certified, indicate below:

Standard Certificate: Number: _____ (copy must be included)

Interim Certificate: Number: _____ (copy must be included)

E.C.F.M.G. (if foreign trained) Number: _____

LICENSED to practice medicine in the State/Province of:

_____	_____
State/Province	License Number
_____	_____
State/Province	License Number
_____	_____
State/Province	License Number

EDUCATION:

College/University:

_____

Institution Location

_____ _____

Degree Dates attended

_____

Institution Location

_____ _____

Degree Dates attended

Medical School:

_____
Institution Location

_____ _____
Degree Dates attended

Internship:

_____
Institution Location Dates attended

_____
Institution Location Dates attended

Residency:

_____
Institution Location Dates attended

_____
Institution Location Dates attended

Fellowship:

_____
Institution Location Dates attended

_____
Institution Location Dates attended

Other post-graduate work: _____

_____

LETTERS OF RECOMMENDATION:

1. _____ _____
Name Title

_____
Address

_____ _____
E-mail address Telephone

2. _____ _____
Name Title

_____
Address

_____ _____
E-mail address Telephone

3. _____ _____
Name Title

_____
Address

_____ _____
E-mail address Telephone

GENERAL INFORMATION

- Have you ever elected to leave any program of education and/or training prior to completion? □ **YES** □ **NO**

- Have you ever been asked or directed to leave any program of education and/or training prior to completion? □ **YES** □ **NO**

- Are there any actions or proceedings which have involved the imposition of a sanction of suspension or dismissal from any program of education and/or training to date? □ **YES** □ **NO**

- Have you ever pleaded guilty to or been convicted of a crime or offense other than a minor traffic violation? □ **YES** □ **NO**

If **YES** to any of the above questions, please provide details on a separate page.

CERTIFICATION

I certify that the facts and information I have provided on this application, on other pre-employment documents and during interviews are true and complete; and I agree that if I receive an appointment, incorrect, incomplete or falsified information will be grounds for dismissal, regardless of when discovered.

_____ _____
Signature Date