



**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:**

MirnaValenzuela
Sr. Medical Education Program Administrator
Phoenix Children's Hospital
1919 E. Thomas Road
Phoenix, AZ 85016
Telephone: 602-933-2089
Fax: 602-933-1264
E-mail: mvalenzuela@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
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Degree	Dates attended
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Internship:

Institution	Location	Dates attended
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Institution	Location	Dates attended
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Residency:

Institution	Location	Dates attended
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Institution	Location	Dates attended
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Fellowship:

Institution	Location	Dates attended
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Institution	Location	Dates attended
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Other post-graduate work: _____

LETTERS OF RECOMMENDATION:

1. _____

Name	Title
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Address

E-mail address	Telephone
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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