



(Attach Photo)

**UNIVERSITY OF PENNSYLVANIA
RADIOLOGY FELLOWSHIP APPLICATION****Starting Date:****Specialty Program:**

NAME:		DEGREE(S):		☐ Male	☐ Female
ADDRESS:					
TELEPHONE #:		EMAIL:			
CITIZENSHIP STATUS:	☐ US CITIZEN	☐ PERMANENT RESIDENT (Green Card)	☐ OTHER:		
VISA TYPE REQUESTED:	☐ J-1	☐ H-1B	☐ N/A		
ECFMG CERTIFICATE #:		(attach copy)	DATE ISSUED:		

RESIDENCY TRAINING

PROGRAM NAME / SPECIALTY:		ACGME ACCREDITED:	☐ YES	☐ NO	☐ OTHER
INSTITUTION:					
ADDRESS:					
DATES ATTENDED:		GRADUATION DATE:		PGY (at graduation):	
PROGRAM DIRECTOR (name & email)					

INTERNSHIP/PRELIMINARY/TRANSITIONAL PROGRAM:

PROGRAM NAME / SPECIALTY:	
ADDRESS:	
DATES ATTENDED:	

MEDICAL SCHOOL

NAME:	
ADDRESS:	
DATES ATTENDED:	
GRADUATION DATE:	
DEGREE:	

MEDICAL LICENSE INFORMATION: (Include license number and expiration date, if applicable)

PA TRAINING LICENSE:		UNRESTRICTED LICENSE:		OTHER:	
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NATIONAL AND/OR STATE BOARD EXAMINATION: (Attach a copy of your score reports – USMLE /COMLEX/ LMCC)

DATES TAKEN/ PASSED:							
USMLE STEP 1		USMLE STEP 2CK		USMLE STEP 2CS		USMLE STEP 3	
OTHER:							
AMERICAN BOARD OF RADIOLOGY EXAMINATION:	(Include dates taken and results)						
CORE EXAM DATE PASSED:							

NAME, INSTITUTION AND EMAIL ADDRESSES OF THREE REFERENCES: (All letters of recommendation should be sent directly to the program. One letter should be from your residency program director. These letters are in addition to the Dean's Letter)

1.		email:	
2.		email:	
3.		email:	

DATE: **SIGNATURE:**

(Electronic signature will be accepted if the application is emailed)

An application will be considered complete only after the application form, CV, personal statement, three letters of recommendation (sent directly to our program), medical school transcripts, Dean's letter, and USMLE and/or ECFMG score reports have been received. Only complete applications will be considered for an interview.