



EMORY
UNIVERSITY

Application for Neuroradiology Fellowship

SUBSPECIALTY PROGRAM: Neuroradiology			Start Date:	Fellowship:	1 Year	2 Year	PHOTO (attach electronically or mail separately)	
Last Name		First Name		Middle Name				
Address			City		State	Zip		
Place of Birth		SSN		Telephone No.				
Date of Birth		Email		Telephone Wk.				
Citizenship	USA	Other (Specify)		Visa Status		Permanent Resident		Yes

EDUCATION								
Premedical College					Degree		Year Completed	
Medical School					Degree		Year Completed	

If foreign trained, have you taken:

ECFMG Exam	Yes	No	Where	Date	Certificate no.			(Copies of ECFMG and USMLE to be included)
USMLE or LMCC Exam	Yes	No	Where	Date	Scores			

AMERICAN BOARD OF RADIOLOGY EXAMS (Dates taken and scores) Please Attach Copies

Physics Score:			Written Score:			Oral Score:		
	Date	Score		Date	Score		Date	Score

STATES IN WHICH YOU ARE LICENSED TO PRACTICE MEDICINE

State:		License #:		Exp Date:		State:		License #:		Exp Date:	
---------------	--	-------------------	--	------------------	--	---------------	--	-------------------	--	------------------	--

Have you ever been denied or lost a state license? Yes No - If yes, explain why.

TRAINING 1st Post Graduate Year (Internship):

Hospital	Address	Type of Training	Date	ACGME APPROVED
				Yes No

Other education, training or hospital research: (please list in chronological order, including your present position)

Institution	Address	Type of Training	Date	ACGME APPROVED
				Yes No
Institution	Address	Type of Training	Date	ACGME APPROVED
				Yes No

REFERENCES: Please list the names and institutions of three physicians who will be writing letters for you.

Name/Title	Institution:
1.	
2.	
3.	

I certify the above is accurate to the best of my knowledge.

Signature:	Date:
------------	-------

Neuroradiology Fellowship Application Checklist

1. A completed application form	
2. Curriculum Vitae	
3. Personal Statement	
4. Copies of USMLE 1, 2 and 3 scores	
5. Copy of ABR scores(s) (actual scores)	
6. Copy of medical school diploma	
7. Copy of ECFMG certificate (if applicable)	
8. Three (3) letters of reference	
9. Photograph	