



**EMORY**  
UNIVERSITY  
SCHOOL OF  
MEDICINE

**Nuclear Medicine &  
Molecular Imaging**  
Department of Radiology  
and Imaging Sciences

\*\*\*\*\*|\*\*\*\*\*

**NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_  
(First) (Middle) (Last)

**SSN** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **BEST CONTACT PHONE#** \_\_\_\_\_

(City) (State) (Postal Code) **OTHER CONTACT PHONE#** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**PERMANENT RESIDENT?** YES \_\_\_\_\_ NO \_\_\_\_\_ **VISA?** YES \_\_\_\_\_ NO \_\_\_\_\_

**NPI#** \_\_\_\_\_

MEDICAL SCHOOL	LOCATION (City/State)	DATES

**ECFMG?** YES \_\_\_\_\_ NO \_\_\_\_\_ **IF YES, PROVIDE ECFMG #** \_\_\_\_\_

**AWARDS AND HONORS** \_\_\_\_\_

INTERNSHIP SPECIALTY	LOCATION (City/State)	DATES

RESIDENCY TRAINING SPECIALTY	LOCATION (City/State)	DATES

MISDEMEANOR CONVICTION IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_  
FELONY CONVICTION IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_  
EVER NAMED IN A MALPRACTICE SUIT? YES \_\_\_\_\_ NO \_\_\_\_\_

ACLS EXP DATE \_\_\_\_\_

BLS EXP DATE \_\_\_\_\_

ADDITIONAL PERTINENT INFORMATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:** I certify that the information contained within this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position, or if employed, may constitute cause for termination from the program.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**REQUIREMENTS:**

1. *A recent photograph with date*
2. *A personal statement describing your career goals and your reason for an interest in our program*
3. *MD Diploma*
4. *Certificate from accredited program*
5. *USMLE I & II, III (if applicable)*
6. *3 Letters of recommendation*
7. *VISA/ECFMG if applicable*
8. *CV*

**Please return all materials to:**

Ranitta McDowell  
Program Coordinator  
IR-I, Nuclear Medicine, Nuclear Radiology and VIR  
Department of Radiology and Imaging Sciences  
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