



Emory Radiology Observer Program Preliminary Application Form

Please return this completed form to Wanda Dozier, Emory Radiology Observer Program (EROP) Coordinator, at wanda.dozier@emory.edu.

Applicant Name:

Preferred Pronouns:

Date of Birth:

Citizenship:

Highest Level of Education:

Home Institution/School:

Home Address:

Primary Phone Number:

Emergency Contact Name:

Emergency Contact Address:

Emergency Contact Phone Number:

Email Address:

Proposed Sponsor (if already identified):

Proposed Observation Site: Clifton and Midtown Campuses

Proposed Start Date:

Proposed Completion Date:

Applicant Signature: _____ Date:

Official use only below this line

Radiology Preliminary Approvals for Applicant

Sponsor (Radiologist Faculty Member): _____ Date:

EROP Director (or Designee): _____ Date:

Radiology Chair (or Designee): _____ Date: