

Department of Radiology – Fellowship Application

Subspecialty Program:		Starting Date	
Name:	Last	First	Middle Init
Date of Birth:			
Address 1:			
Address 2:			
Telephone (Home):		Telephone (Work):	
Email:			
Citizenship			
VISA Type (J1, H1, F1, etc.) (if currently on a visa, please provide documentation)		Expiration Date:	Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO
		Other:	
Education:			
Premedical College:		Degree:	Year Completed:
Medical School:		Degree:	Year Completed:
If foreign trained, have you taken:	ECFMG EXAM:	where:	Date:
Certificate No.			
USMLE or LMCC EXAM: (copies of ECFMG and USMLE must be included)			
Step 1: (dates /location / results)		Step 2 (Part 1&2): (dates /location / results)	
		Step 3: (dates /location / results)	
AMERICAN BOARD of RADIOLOGY EXAMS:			
Physics: (dates taken and results)		Written: (dates taken and results)	
		Oral: (dates taken and results)	
STATES IN WHICH YOU ARE LICENSED TO PRACTICE MEDICINE:			
State:		License #:	
		Expiration Date:	
Have you ever been denied or lost a state license? If yes explain why:			
Training:			
1st Post Graduate Year (Internship):			
Hospital:		Type of Training:	
		Dates:	
Other education, training or hospital research : (please list in chronological order, including your present position)			
Name:	Address:	Type of Training:	Dates:
Name:	Address:	Type of Training:	Dates:
Name:	Address:	Type of Training:	Dates:
Name:	Address:	Type of Training:	Dates:
REFERENCES: please list the names and institutions of three physicians who will be writing letters for you:			
1:		4: vvvv	
2:		5:	
3:		6:	
Date:	(Signed) _____		
<p>Please upload this cover sheet with a copy of your CV and a personal statement to MUSC Human Resources website job posting for the fellowship you are applying. Also upload your USMLE transcript, proof of graduation from medical school and copy of current ECFMG (if applicable). A pdf file containing all documents is preferable. Click on each box on this form to enter your information. You can then Save and Print your completed form. Three letters of recommendation (including one from your program director) should be sent or emailed to the program director listed on website, c/o MUSC Dept. of Radiology, 96 Jonathan Lucas Street – MSC 323, Charleston, SC 29425. (raulina@musc.edu) Consideration will be given to only to candidates who apply to HR site online.</p>			