MUSC
MEDICAL UNIVERSITY of SOUTH CAROLINA

Nuclear Medicine Residency and 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-MUSC will sponsor a J1 Visa only)	**Expiration Date:**	**Permanent Resident? ☐ YES ☐ 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:**
2:	**5:**
3:	**6:**

Date: **(Signature)** _____

Please send this application with a copy of your CV and a personal statement to Angie Maguire at maguiran@musc.edu. In addition we require copies of your USMLE transcript, proof of graduation from medical school, copy of current ECFMG (if applicable) and (3) letters of recommendation. One of the letters of recommendation should be from your program director. Click on each box to enter your information. If you have any questions please email maguiran@musc.edu.