Application Checklist

- ❑ SBI Universal Application
- ❑ Personal Statement
- ❑ CV
- ❑ USMLE Transcript
- ❑ Medical School Transcript
- ❑ 3 Letters of Recommendation

Society of Breast Imaging

Breast Imaging Fellowship Application

Copy and Paste

Professional Photo Here

Name:

Present Address:

Permanent Address:

Email:

Telephone:

Place of Birth:

Date of Birth:

Citizenship:

Permanent Resident:

Visa Status/Expiration:

Education/Training/Research: (Please begin in chronological order with baccalaureate education, include internship, residency and any additional applicable training or research. Delete or add rows as necessary.)

	Institution and Location	Dates of Attendance (MM/YYYY-MM/YYYY)	Field of Study	Degree
Premedical Education				
Medical Education				
Internship PGY 1 Training				

Radiology Residency				

United States Medical Licensing Examination (USMLE):

(Copies must be sent to individual programs)

Step 1:

Step 2:

Step 3:

Comprehensive Osteopathic Medical Licensing Examination (COMLEX):

(Copies must be sent to individual programs)

Level 1:

Level 2-CE:

Level 2-PE:

Level 3:

Educational Commission for Foreign Medical Graduates (ECFMG) Exam:

(Copies must be sent to individual programs)

Where taken:

Date:

Certificate Number:

Medical Licensure:

State and Expiration Date:

Letters of Recommendation:

Please list the names and contact information of the THREE preceptors that will be providing a letter of recommendation. One letter must come from your diagnostic radiology residency program director. These letters must be sent directly to the programs from the letter author.

Name	Title and Institution	Email

Background:

Have you been charged with or convicted of a crime (other than a minor traffic offense) in this or any other state or country?

Have you had disciplinary actions taken against you by your medical school, internship or residency program?

Are there any special circumstances that should be considered when reviewing your application?

Applicant's Certification:

I certify all the information I have provided is complete and accurate.

Signature:

Date: