



Insert Current Photo

## Abdominal Radiology Fellowship Application

Intended Start of Training (MM/YYYY): \_\_\_\_\_

Name: \_\_\_\_\_ Degree: MD \_\_\_ DO \_\_\_ Other \_\_\_\_\_  
First MI Last

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Visa Status – if applicable (J1, H1 etc.): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Phone (primary): (\_\_\_\_) \_\_\_\_\_ Phone (secondary) (\_\_\_\_) \_\_\_\_\_

Email (primary): \_\_\_\_\_ Email (secondary): \_\_\_\_\_

Current Employment (if applicable)		Start (MM/YYYY)	Completion (MM/YYYY)
Prior Fellowship (if applicable)			
Residency			
Internship			
Medical School			
Undergraduate			

Active Full State Medical License(s): \_\_\_\_\_

Other obligations (Military service, Public Health): \_\_\_\_\_

Career Interests after Fellowship (check any combination that applies):

Private Practice      Academics      Hybrid      Other  
 Generalist      Subspecialist      Undecided      \_\_\_\_\_

Office Use Only	
Date Received:	
Ref Letter 1:	CV:
Ref Letter 2:	Transcripts:
Ref Letter 3:	Personal Statement:

For the best experience and full functionality, complete this PDF using Adobe Acrobat Reader.

- Include three (3) **letters of recommendation** (addressed to Program Director) from physicians who can validate your qualifications. One should be from your Residency Program Director, and at least one from a radiologist in relevant subspecialty. Provide name, position, and contact information for each.

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- **Transcripts** (or official copies) to be released/sent by applicant

USMLE:			COMLEX:			ECFMG Certification:	
Step 1	Step 2	Step 3	Level 1	Level 2	Level 3	Y	N

- Attach a **Curriculum Vitae** which includes any other education, clinical and research, awards and publications.
- Provide a **Personal Statement** which describes your interest in pursuing fellowship training.

**Disclosures:** Information provided will be held in confidence and not shared with a third party. However, if you answer 'YES' to any of the following, please give full details on a separate attached sheet.

	Yes	No
Have you ever been convicted of a misdemeanor or felony?		
Has your license to practice medicine in any jurisdiction ever been limited, suspended, or revoked?		
Have you ever been denied membership or renewal thereof, or been subject to disciplinary action, in any medical organization?		
Do you have any settled or active malpractice claims or lawsuits?		
Have you had an unauthorized or unexpected leave of absence from training or employment?		
Have you been diagnosed with a medical condition or have a history of substance usage that limits or impairs your ability to practice medicine?		

\_\_\_ I attest that the information provided in this application is truthful and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

- For any additional information or comments which you believe are relevant to your candidacy, but not otherwise addressed in the application materials, please attach a separate sheet.
- Submit one set of completed application materials in electronic form or hard copy to the Program Coordinator. A review of required documents can be found on our website - [Abdominal Radiology Fellowship Program](#)

Program Director: Jao J. Ou, MD PhD Program Coordinator: Connie Myers	Diagnostic Radiology Medical Center Boulevard Winston-Salem, NC 27157-2188	Telephone: (336) 716-2471 Fax: (336) 716-0555 <a href="mailto:comyers@wakehealth.edu">comyers@wakehealth.edu</a>
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