

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 (personal/mobile): (____) _____ Phone (work): (____) _____

Email (personal): _____ Email (work): _____

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 for each.

(1)	(2)	(3)
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- **Transcripts** (or official copies) to be released/sent by applicant

USMLE (list highest Step):	COMLEX (list highest Level):	ECFMG Certification: Y N
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- 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 chemical substances 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 comyers@wakehealth.edu
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