



## **Application for Pediatric Radiology Fellowship**

GENERAL IN	FORMATION				
Name:					
Last N	Last Name F			Middle Name	
Current Addres	ss:				
Street		City	State/Country	Zip Code	
Email Address:					
Talambana Num	ah awa				
reiepnone Nun	nbers: Home	Work		Mobile	
Citizenship Status: US Citizen		Permanent Resident	☐ J-1 visa	☐ H-1B Visa	
EDUCATION					
Undergraduate					
Colle	ge/University:			·	
City a	and State/Country				
Dates	s Attended:	Degree:	Major:	<del></del>	
Medical School					
Colle	ge/University:				
City a	and State/Country				
Dates	s Attended:	Degree:	Major:		
ECFM	ECFMG Number:				
EXAMINATIO	ONS				
USMLE					
Step 1:	Date:	Status:			
Step 2 CK: Step 2 CS:	Date: Date:	Status: Status:			
Step 3:	•		Status:		
Other Examina					
	Name of Exam:	Date:	Status:	<del></del>	
	Name of Exam:	Date:	Status:		

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

## **PRIOR TRAINING**

Internshi	p	
	Institution:	
	City and State/Country:	Dates Attended:
	Completed Program:   Yes   No	Specialty/Area of Training:
Residenc	•	
	Institution:	
	City and State/Country:	Dates Attended:
	Completed Program:  Yes  No	Specialty/Area of Training:
Fellowsh	ip	
	Institution:	
	City and State/Country:	Dates Attended:
	Completed Program:  Yes  No	Specialty/Area of Training:

## **REFERENCES**

City

Names of **three(\*)** radiologists who will be writing letters of recommendation on your behalf, including at least one letter in the specific area of anticipated fellowship. All letters should be addressed to Sarah Bixby, MD Program Director and should be sent to Jane Choura, Fellowship Program Coordinator, Boston Children's Hospital, 300 Longwood Avenue, Boston, MA 02115.

Reference #1		
Name:		
Address:		
City	State	Zip/Postal Code
Reference #2		
Name:		
Address:		
City	State	Zip/Postal Code
Reference #3		
Name:		
Address:		

Zip/Postal Code

State

E-Signature of Applicant		Date				
Application Checklist:						
Completed application	Completed application					
Updated curriculum vitae (CV)	Updated curriculum vitae (CV)					
Personal statement	Personal statement					
Photo – to be used for identification	Photo – to be used for identification purposes only					
Request medical school transcript						
Request 3 letters of recommendat	ion <b>(*)</b>					

SUBMIT COMPLETED APPLICATION TO:

JANE CHOURA
COORDINATOR, FELLOWSHIP PROGRAM
DEPARTMENT OF RADIOLOGY
CHILDREN'S HOSPITAL
300 LONGWOOD AVENUE
BOSTON, MA 02115
PHONE: (617) 355-6290

FAX: (617) 730-0549

**SUBMIT FORM:**