



## DEPARTMENT OF RADIOLOGY

### Observership Application – *Please attach a current CV*

***Please note after submission of application, you may expect a lapse of three to four weeks before you receive a reply.***

#### PERSONAL INFORMATION

Last Name		First Name and Middle Initial	
Degree (or Status)		Date of Birth	
Country of Birth		Nationality	
Gender	F <input type="checkbox"/> M <input type="checkbox"/>		
<b>Address</b>			
Street and Number		City	
State and Zip Code		Country	
Telephone		E-mail address	
Nationality		U.S. Visa No. (please attach copy of visa)	

#### EDUCATION/PROFESSIONAL INFORMATION

Medical School		Graduation year	
Specialty		Check if Board Certified	<input type="checkbox"/>
Position (student, resident, graduated) If student or resident, please indicate graduation year			
Present hospital affiliation			
Hospital address			

#### OBSERVERSHIP PREFERENCES *(Please submit your application at least 7 months in advance to your requested dates)*

Abdominal/Body <input type="checkbox"/>	Chest/Cardiothoracic <input type="checkbox"/>	Musculoskeletal <input type="checkbox"/>	Neuroradiology <input type="checkbox"/>
<input type="checkbox"/>	Nuclear Medicine <input type="checkbox"/>	Breast Imaging	<input type="checkbox"/>

Dates of Requested Observership: from \_\_\_\_\_ to \_\_\_\_\_

Please briefly describe your professional goals and how this Observership would help in achieving them