Brigham and Women's Hospital
Application for Radiology Fellowships

Applicant Name		
Last name	*First*	*Middle*

Fellowship Type				
This application is for a fellowship in (check all that apply):				
If you would like to be considered for more than one track, please prioritize in the right hand column by ranking 1 – 3, with 1 being your first choice.				
☐ BWH Breast Imaging	Rank	☐ 1	☐ 2	(check one)
☐ BWH Women's Imaging	Rank	☐ 1	☐ 2	(check one)

Please affix a recent passport-sized photo here.

If submitting electronically, include a recent passport-style photo in .JPG format with the application.

Training period for which applying:	*Start date*	*Finish date*

Personal Data			
Other names used:			
Present Address			
Street	*City*	*State*	*ZIP / Postal code*
Permanent Address			
Street	*City*	*State*	*ZIP / Postal code*
Telephone			
Home	*Work*	*Mobile*	*Fax*
E-mail:			
Date of birth:		**Place of birth:**	
What race do you self-identify as?			
Citizenship:			
If not a U.S. citizen, type of Visa:			

Education

(Mo/Yr) to (Mo/Yr)	(Undergraduate School)	(Major)	(Degree)
(Mo/Yr) to (Mo/Yr)	(Graduate School, if applicable)		(Degree)
(Mo/Dy/Yr) to (Mo/Dy/Yr)	(Medical School)		(Degree)
(Mo/Yr) to (Mo/Yr)	(Internship)		Area of training
(Mo/Yr) to (Mo/Yr)	(Residency)		(AP, CP, AP/CP, other)
(Mo/Yr) to (Mo/Yr)	(Other GME, if applicable)		Area of training
(Mo/Yr) to (Mo/Yr)	(Other GME, if applicable)		Area of training

Other Experience

In chronological order, list other educational experiences, jobs, military service or training that is not accounted for above.

(Mo/Yr) to (Mo/Yr)	
(Mo/Yr) to (Mo/Yr)	
(Mo/Yr) to (Mo/Yr)	

National Boards

Please indicate national board examination dates and results received.

USMLE Step 1		USMLE Step 2				USMLE Step 3	
Date passed	Score	***CK*** - Date passed	Score	***CS*** - Date passed	Score	Date passed	Score

For graduates of international medical schools, are you ECFMG-certified? ☐ Yes ☐ No *If yes, list date certified (Mo/Yr):*

COMLEX Level 1		COMLEX Level 2		COMLEX Level 3	
Date passed	Score (optional)	Date passed	Score (optional)	Date passed	Score (optional)

Medical Licensure

Please list any states in which you hold a license to practice medicine. Please provide a license number. If an application is pending in a state, please write "pending."

(State)	(Date Issued)	(Medical License Number)	(Active?) ☐ Yes ☐ No
(State #2)	(Date Issued)	(Medical License Number)	(Active?) ☐ Yes ☐ No

Have you ever been reprimanded, or had your license suspended or revoked in any of these states?	☐ Yes *(If so, please explain in an attached sheet.)* ☐ No
Have you ever been named in (and/or had a judgment against you) in a medical malpractice legal suit?	☐ Yes *(If so, please explain in an attached sheet.)* ☐ No

Board Certification

Please indicate any areas of board certification.

Board	*Area of Certification*	*Date of Certification*

Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience

Please list on attached application forms or include this information in your CV.

Letters of Recommendation and/or References

Please list the individuals who will write your letters of recommendation. At least three are required.

Reference #1

Name	*Title*		
Institution			
Address	*City*	*State*	*ZIP / Postal Code*
Telephone	*Email*		

Reference #2

Name	*Title*		
Institution			
Address	*City*	*State*	*ZIP / Postal Code*
Telephone	*Email*		

Reference #3

Name	*Title*		
Institution			
Address	*City*	*State*	*ZIP / Postal Code*
Telephone	*Email*		

Signature *(may omit if submitting electronically)*

I hereby certify that all of the information on this application is accurate, complete, and current to the best of my knowledge, and that this application is being made for serious consideration of training in the Pathology Fellowship indicated. I understand that accepting more than one fellowship position constitutes a violation of professional ethics and may result in the forfeiture of all positions.

Signature	*Date*

Application Packet Check-list
✓ **Completed Fellowship Application Form with Signature**
✓ **Updated Curriculum Vitae (CV)**
✓ **Included passport size photo**
✓ **Included personal statement with name listed**
✓ **USMLE Scores (if you are a Canadian physician, you may use your LMCC/MCCQE and COMPLEX examinations, respectively, in lieu of USMLE examinations)**
✓ **3 Letters of Recommendation**