

BWH Radiology observership application

Observerships are offered during the academic year for two-weeks to 3-month periods. There are no visiting fellowships available during the months of July and August and November 15 - January 1.

Contact information:

First Name: _____ Last Name: _____

Email: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Please tell us about yourself and use this space to tell us a bit more about your interest in the observership:

Preferred dates you are interested in observing:

(Application and complete paperwork must be submitted at least 5 weeks prior to observership.)

Requested length of observer fellowship.

Two-Weeks One Month (4 weeks) Two Months (8 weeks)

First choice dates: (mm/dd/yyyy):

Second choice dates: (mm/dd/yyyy):

Select Preferred Specialty:

Please choose the specialties for your Observership. One specialty can be chosen per week.

First choice specialty

Abdominal Imaging and Intervention

Second choice specialty

Abdominal Imaging and Intervention

Third choice specialty

Abdominal Imaging and Intervention