



University of Colorado  
Anschutz Medical Campus  
**School of Medicine**

**Application for Abdominal Imaging Fellowship**

**Name:** \_\_\_\_\_  
Last First MI

**Present Address:** \_\_\_\_\_

**Phone:** (Work) \_\_\_\_\_  
(Home) \_\_\_\_\_

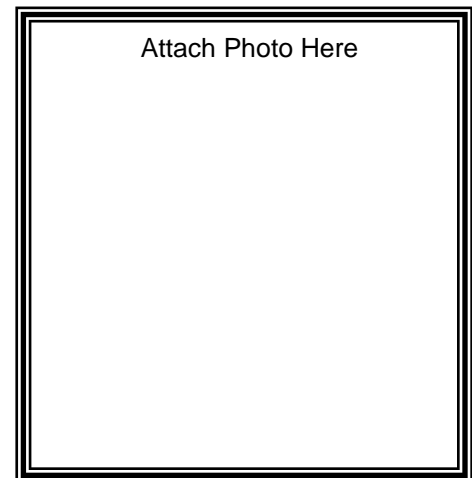
**E-mail address:** \_\_\_\_\_  
*(Please advise us of any address or telephone number changes)*

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Citizen of USA:**  Yes  No

**Sex:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_



**Premedical Education:**

(College)

(Dates)

(Degree)

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**Medical Education:**

(College)

(Dates)

(Degree)

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**Honorary Societies:**

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**Internship served:**

(Hospital, city, state)

(Dates)

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**Residency Training:**

(Hospital, city, state)

(Dates)

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**Special training not already listed (assistantships, practice, etc.):**

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**Licensed to practice medicine in the following states:**

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**Service in Armed Forces:**

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**Publications:**

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**Hobbies:**

**National Board of Medical Examiners Scores: (required)** PtI \_\_\_\_\_ PtII \_\_\_\_\_ PtIII \_\_\_\_\_

**Please list the components of the ABR licensing examination passed:**

Physics: \_\_\_\_\_ Date: \_\_\_\_\_

ABR Written Exam: \_\_\_\_\_ Date: \_\_\_\_\_

ABR Oral Exam: \_\_\_\_\_ Date: \_\_\_\_\_

**Why are you interested in training in this particular Abdominal Imaging Division?**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Use reverse side of this form or additional plain white paper if necessary*

A curriculum vitae must also be attached but not substituted for information requested on this application.

Please send a CV, personal statement, copy of your USMLE scores, copy of medical school diploma, intern year certificate and three letters of recommendation along with your application to:

Jean Tilley Coordinator  
University of Colorado School of Medicine  
Radiology Academic Department, Mail Stop 8200  
12631 East 17th Avenue  
Aurora, Colorado 80045  
Phone: 303-724-1984  
Fax: 303-724-6601  
Email: Jean.Tilley@cuanschutz.edu

Please provide a photograph so that when reviewing candidates after interviews, we will have a visual reminder of who you are. (Not mandatory)

Graduates of foreign medical schools must have passed the American Medical Qualification Examination prepared by the Educational Council for Foreign Medical Graduates prepared by the Educational Council for Foreign Medical Graduates and be eligible for a Colorado Medical License before applying for a fellowship in Abdominal Imaging at The University of Colorado Health Sciences Center. Please enclose a copy of this certificate with your application.