



University of Colorado Anschutz Medical Campus School of Medicine

Application for Body 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 # _____

Attach Photo Here

Premedical Education:

(College)

(Dates)

(Degree)

Medical Education:

(College)

(Dates)

(Degree)

Honorary Societies:

Internship served:

(Hospital, city, state)

(Dates)

Residency Training:

(Hospital, city, state)

(Dates)

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

Licensed to practice medicine in the following states:

Service in Armed Forces:

Publications:

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?

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:

Kristin Hastings, Fellowship Coordinator
University of Colorado School of Medicine
Radiology Academic Department, Mail Stop 8200
12631 East 17th Avenue
Aurora, Colorado 80045
Phone: 303-724-4882
Fax: 303-724-6601
Email: kristin.hastings@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.