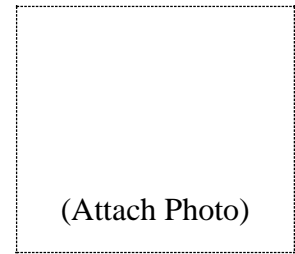


THIS FORM MUST BE TYPED



**UNIVERSITY OF PENNSYLVANIA
ALTERNATIVE PATHWAY
RADIOLOGY FELLOWSHIP
APPLICATION**

NAME:		Male	Female
ADDRESS:			
COUNTRY:	DEGREE(S):		
TELEPHONE #:	EMAIL:		
CITIZENSHIP STATUS:	US CITIZEN	PERMANENT RESIDENT (Green Card)	OTHER:
VISA TYPE REQUESTED:	H-1B Transfer	H-1B New Application	N/A
ECFMG CERTIFICATE #:	DATE ISSUED:		

Requested Start Date:
Please Identify your Top 3 Fellowship Choices:

RESIDENCY TRAINING

PROGRAM NAME / SPECIALTY:	ACGME ACCREDITED:	YES	NO	OTHER
INSTITUTION:				
ADDRESS:				
DATES ATTENDED:	GRADUATION DATE:	PGY (at graduation):		
PROGRAM DIRECTOR (name & email)				

INTERNSHIP/PRELIMINARY/TRANSITIONAL PROGRAM:

PROGRAM NAME / SPECIALTY:	
ADDRESS:	
COUNTRY:	DATES ATTENDED:

MEDICAL SCHOOL:

NAME:		
ADDRESS:		
COUNTRY:		
DATES ATTENDED:	GRADUATION DATE:	DEGREE:

NATIONAL AND/OR STATE BOARD EXAMINATION: (Attach a copy of your score reports – USMLE **DATES** TAKEN/ PASSED:

USMLE STEP 1	USMLE STEP 2CK	USMLE STEP 3
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DATE:	SIGNATURE:	<i>(Electronic signature will be accepted if the application is emailed)</i>
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An application will be considered complete only after the application form, CV, personal statement, three letters of recommendation (sent directly to our program), medical school transcripts, Dean's letter, and USMLE and/or ECFMG score reports have been received. Only complete applications will be considered for an interview.