

# Nuclear Medicine Residency APPLICATION FORM

Return completed form with a copy of your CV to the program director at either address.  
Letters of recommendation should be mailed to the program director.

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YOUR NAME \_\_\_\_\_  
Last First M.I. Degree(s)

## CURRENT CONTACT INFORMATION

E-mail: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Pager: \_\_\_\_\_

CITIZENSHIP/STATUS \_\_\_\_\_ SSN/SIN \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_ [This information is required upon acceptance.]

ECFMG STATUS [If the applicant is an international medical graduate, we require documentation of current visa status and a copy of ECFMG certificate.]

EDUCATION	Dates	Degree
College _____	_____ to _____	_____
Medical _____	_____ to _____	_____
Other _____	_____ to _____	_____
Internship _____	_____ to _____	_____

## RESIDENCY PROGRAM

Institution \_\_\_\_\_  
Field \_\_\_\_\_ Dates \_\_\_\_\_  
Institution \_\_\_\_\_  
Field \_\_\_\_\_ Dates \_\_\_\_\_  
Other \_\_\_\_\_

HAS YOUR MEDICAL EDUCATION/TRAINING BEEN EXTENDED OR INTERRUPTED? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give reason: \_\_\_\_\_

PRESENT EMPLOYMENT \_\_\_\_\_

OVERALL CAREER GOALS: [practice, academic, etc.] \_\_\_\_\_

SPECIAL AREAS OF INTEREST: \_\_\_\_\_

RESEARCH INTERESTS: \_\_\_\_\_

HOSPITAL APPOINTMENTS \_\_\_\_\_

BLS? \_\_\_ Exp. Date: \_\_\_\_\_ ACLS? \_\_\_ Exp. Date: \_\_\_\_\_ PALS? \_\_\_ Exp. Date: \_\_\_\_\_

MEDICAL LICENSURE State(s): \_\_\_\_\_ Year(s): \_\_\_\_\_

Has your medical license ever been suspended/revoked/voluntarily terminated? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide reason \_\_\_\_\_

Have you ever been named in a malpractice case? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide reason \_\_\_\_\_

Is there anything in your past history that would limit your ability to be licensed or to receive hospital privileges? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide reason \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide reason \_\_\_\_\_

[The applicant may be required to provide additional information and will be required to submit for a criminal background check.]

EXAMINATIONS [Provide dates taken and results. If not certified, provide date you intend to take.]

USMLE Step 1	Date: _____	Status: _____
USMLE Step 2 Clinical Knowledge	Date: _____	Status: _____
USMLE Step 2 Clinical Skills	Date: _____	Status: _____
USMLE Step 3	Date: _____	Status: _____

Board: \_\_\_\_\_ Dates: \_\_\_\_\_ Results: \_\_\_\_\_

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REFERENCES [Please list the names and institutions of 3 physicians who will be writing letters for you.]

1] \_\_\_\_\_

2] \_\_\_\_\_

3] \_\_\_\_\_

ARE YOU WILLING TO COME FOR AN INTERVIEW? \_\_\_\_\_ WHEN? \_\_\_\_\_

PERSONAL STATEMENT [Please attach a one-page explanation of your motivation to pursue a career in the specialty of nuclear medicine.]

I hereby declare that the information contained within this application is true and accurate. I understand that supplying misinformation to the questions above is grounds for disciplinary action, including immediate dismissal from the program.

Date \_\_\_\_\_ [Signed] \_\_\_\_\_