MCW Department of Radiology Non-ACGME Fellowship Program Application
Neuroradiology Brain Mapping Advanced Fellowship

Name: _____

Address: _____

City/State/Zip: _____

Home telephone: _____   Mobile telephone: _____

Email address: _____

Will you now or in the future require sponsorship to work in the US?   Yes   No

If yes, what is your current work authorization? _____

Academic year you are applying for: _____

Do you have a legally binding contract with another institution for employment and/or training?   Yes   No

If yes, please provide details: _____

Are you participating in a formal match for a residency/fellowship such as NRMP?   Yes   No

If Yes, for what year? _____

Are you seeking the American Board of Radiology IMG Alternate pathway to initial certification?   Yes   No

EDUCATION:
Medical School: (name/address) _____

_____

Degree *(copy of diploma must be submitted)*:   MD   DO   MBBS   DNB   DMRD   Other _____

Month/Year Degree(s) Obtained: _____

EXAMINATIONS:

USMLE EXAMINATIONS *(copy of score reports must be submitted)*		COMLEX EXAMINATIONS *(copy of score reports must be submitted)*		AMERICAN BOARD OF RADIOLOGY (ABR) *(copy of score report must be submitted)*
Step 1:		Level 1:		CORE exam (date): Pass Not Eligible Fail Do Not Intend to Take
Step 2 CS:		Level 2CE:		
Step 2 CK:				ABR Certification exam: Not Yet Eligible
Step 3:		Level 3:		Eligible Ineligible

ECFMG Exams completed?   Yes   No   *(copy of score reports must be submitted)*

ECFMG # (if appropriate): _____   *(copy of certificate must be submitted)*

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STATE MEDICAL LICENSURE:

(Copy of Wisconsin license, once acquired, must be submitted)

State:	License #:	Expiration Date:

TRAINING/GRADUATE MEDICAL EDUCATION:

(Copies of certificates of completion/graduation must be submitted)

Program Name & Institution:	Address: *(full address including city/state/zip)*	Area of Training:	Dates:	Was this Program Accredited?
				ACGME AOA Program Not Accredited
				ACGME AOA Program Not Accredited
				ACGME AOA Program Not Accredited
				ACGME AOA Program Not Accredited
				ACGME AOA Program Not Accredited

PROFESSIONAL REFERENCES:

(Three letters of reference from physicians required)

Name	Institution
1.	
2.	
3.	

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Are you now or have you ever been involved in administrative, professional, or judicial (or quasi-judicial) proceedings in which malpractice on your part was alleged?   Yes   No   If yes, please give details: _____

_____

List all convictions for any offense other than minor traffic violations. _____

_____

Identify any current pending criminal charges against you. [No applicant will be denied a position based upon a pending charge unless there is a substantial relationship between the offense and the position sought.] _____

_____

Have any disciplinary actions been initiated or are any currently pending involving your medical license(s) in any state?   Yes   No   If yes, please give details: _____

_____

Have there been any actions taken against privileges that you currently hold or have held?   Yes   No

If yes, please give details: _____

_____

Do you currently hold privileges at any healthcare institution or agency?   Yes   No

If yes, please give details: _____

___

This application will not be considered complete and reviewed unless all above areas are completed; and a curriculum vitae (CV); personal statement; copy of medical school diploma; certified copies of USMLE or COMLEX exam score reports; certified copy of ABR CORE exam report; certified copy of dean's letter/medical student performance evaluation (MSPE), or equivalent, ECFMG certificate (if applicable), certified copy of certificates of completion/graduation from GME programs; and three letters of reference are submitted to the Program Coordinator.

Please note: *An unrestricted WI medical license and site-specific credentials are required before* ***Day 1*** *of the program. Failure to obtain and provide proof of these items could delay your start date or invalidate any contractual offer.*

By signing this document electronically, you are indicating that the information provided on this application and as a part of the application process are true and complete.

SIGNATURE:

_____

Date: _____