

Application for Fellowship

Subspecialty Program: **Vascular & Interventional Radiology, Massachusetts General Hospital**

Starting Date: _____

NAME _____
last first middle DATE OF BIRTH _____

ADDRESS _____ TELEPHONE (HOME) _____
_____ TELEPHONE (WORK) _____

EMAIL _____ PAGER # _____

CITIZENSHIP _____ SS# _____

VISA Type (J1, H1, F1, etc.) _____ Expiration date: _____ Permanent Resident ? _____ Other _____
(proof of visa status must accompany application)

EDUCATION:
PREMEDICAL COLLEGE _____ DEGREE _____ YEAR COMPLETED _____
MEDICAL SCHOOL _____ DEGREE _____ Month & Year completed _____

If foreign trained, have you taken:

ECFMG EXAM _____ where _____ date _____ certificate # _____
PLEASE INCLUDE A COPY OF YOUR ECFMG CERTIFICATE

USMLE (w/ Step3) or LMCC exam _____ where _____ date _____ results _____
(Copy of must be included)

AMERICAN BOARD of RADIOLOGY EXAMS
Physics _____ Written _____ Oral _____
(dates taken and results)

STATES IN WHICH YOU ARE LICENSED TO PRACTICE MEDICINE
STATE _____ License # _____ Expiration Date _____
Have you ever been denied or lost a state license? If yes explain why.

TRAINING:

1st Post Graduate Year (Internship):

Hospital _____ type of training _____ dates _____

Other education, training or hospital research : (please list in chronological order, including your present position)

Institution _____
name address type of training dates

REFERENCES (3) Names and institutions of three physicians (one must be your residency program director) who will be writing letters for you:

Date _____ (Signed) _____

Application documents required: Personal Statement & Current Curriculum Vitae (CV), USMLE transcript photocopy (Step 3 required) Letters of recommendation, original copies (3). One of the letters of recommendation must be from your radiology residency program director. Non-US Citizens must include proof of Visa status. Emailed or faxed documents should be printable on 8 1/2" X 11" paper. Please do not send JPEG images, PDF only.

Send to:
Karen S. Lyall, Fellowship Coordinator,
Vascular & Interventional Radiology, Massachusetts General Hospital
55 Fruit Street, GB290A, Boston, MA 02114

Please contact Karen Lyall via email if you have any questions: klyall@partners.org Phone: (617) 726-5518