VCU Health System
Medical College of Virginia
Department of Radiology

At this institution, we offer fellowships in Abdominal Imaging, Breast Imaging, MRI, Musculoskeletal Imaging, Thoracic or Cardiothoracic Imaging, and Women's Imaging (which includes 6-months Abdominal Imaging including MR, CT, US and 6-months Breast Imaging). All of the fellowships are offered as 1-year slots. All of the fellowships require 12-months in the subspecialty. The MR fellowship contains some options for the applicant. This fellowship is comprised of training in a combination of Abdominal MR, CV MR, MSK, and Neuroradiology MR. The applicant may do 3 four month blocks, 2 six month blocks, or a 6-month and 2 three month blocks. The Abdominal/CV MR can be combined in a block. For example, some of the choices of MR fellows in the past have included; ex. 1: 6-months MSK with 3-months Neuro and 3-months Abdominal/CV, ex. 2: 6-months MSK and 6-months Abdominal, and ex. 3: 6-months MSK, 3-months CV, and 3-months Abdominal. Breast Imaging is only available as a 1-year fellowship or as a part of the Women's Imaging Fellowship. Please send your completed application with your curriculum vitae, a copy of your medical school transcript, a copy of your Nation al Board Scores/USMLE/COMLEX, a copy of your ABR scores, a letter from your Dean and three letters of recommendation (one should be from the Director of your Residency Training Program, and two from faculty members well acquainted with your abilities) and one recent glossy photograph (approximately 3x3 inches) to:

Katarina Easley
Fellowship Program Coordinator Department of Radiology
1101 East Marshall Street
Sanger Hall, room 4-050
P.O. Box 980470
Richmond, VA 23298-0470

Application for (check one):
[ ] Abdominal Imaging Fellowship
[ ] Breast Imaging
[ ] MR Imaging***** (select and rank up to 4 rotations below)
[ ] Musculoskeletal
[ ] Thoracic Imaging
[ ] Women's Imaging/US

*****Rotation choices for MR Imaging Program

[ ] Abdominal Imaging [ ] Musculoskeletal Imaging [ ] Neuroradiology
[ ] Non-invasive Cardiovascular [ ] Thoracic Imaging

Name: _____

Date of Birth: ____/_____/____ Sex: M F E-mail address: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Hospital or Medical Phone: (____) ____ - _____ Social Security No.: _____ - _____ - _____

Present Mailing Address: _____

_____

Permanent Address (other than school address): _____

_____

Permanent Phone: (_____) ____ - _____ Marital Status: _____

Place of Birth: _____ Citizenship: _____

Spouse's Occupation: _____

Military Status Commission:

[ ] Army [ ] Active [ ] None [ ] Navy
[ ] Inactive [ ] Berry Plan [ ] USPHS [ ] Discharged

Current Rank: _____ Rank at Discharge: _____

If still in active service, give probable date of discharge: ____/_____/____

Dates of Military Service: ____/_____/____ to ____/_____/____

Pre-Medical Education:

Name of School	Dates of Attendance	Degree

Medical Education:

Name of School	Dates of Attendance	Degree

Formal Post Graduate Medical Education:

Name of Hospital	City, State	Date

Internship Served:

Name of Hospital	City, State	Date

Residency or Fellowship Training:

Name of Hospital	City, State	Date

Honors Received: _____

Society Memberships: _____

Publications: _____

Previous Faculty Positions Held: _____

Other Medical Experience: _____

Licensed to Practice in State of: _____

Registration Number: _____

USMLE/COMLEX Scores: Step One Score: _____ Percentile: _____

Step Two Score: _____ Percentile: _____

Step Three Score: _____ Percentile: _____

American Board of Radiology Examination Results:

Physics: _____ Date: ____/_____/____

Diagnostic: _____ Date: ____/_____/____

Oral: _____ Date: ____/_____/____

Foreign Graduate: ECFMG Number: _____ Date of examination: ____/_____/____

Visa Status or Plans: _____

Flex Examination Results: _____ Date: ____/_____/____

Have you previously made application to this hospital for any appointment? [ ] yes [ ] no

If yes, when? ____/_____/____ Position: _____

Service: _____

Date: ____/_____/____ Signature: _____