

Application for Fellowship in Thoracic & Cardiac Imaging

Fellowship Start Date _____

PERSONAL INFORMATION

Name _____

Last
First
Middle
Maiden (If Applicable)
Present Address _____ **Home Phone** _____

City/State/Zip/Country _____ **Home Email** _____

Professional Address _____ **Professional Phone** _____

City/State/Zip _____ **Professional Email** _____

Social Security # _____ **NPI #** _____ **Fax #** _____

EDUCATION

Undergraduate _____
Name *Location* *Degree* *Date*
Medical School _____
Name *Location* *Degree* *Date*
Internship _____
Name *Location* *Degree* *Date*
Residency _____
Name *Location* *Degree* *Date*
Residency _____
Name *Location* *Degree* *Date*
Fellowship _____
Name *Location* *Degree* *Date*
Training in Radiology (other than residency and fellowship)

Hospital *Location* *Type* *Date* *Program Director*

BOARD CERTIFICATION (American Board of Radiology or equivalent)

Physics Date _____ Score _____ **Written** Date _____ Score _____

Oral Date _____ Score _____

ADDITIONAL INFORMATION

1. Do you have a military or USPHS commitment? Yes No
If yes: Starting _____ for _____ years in _____ (Branch of service)

2. Do you hold a state medical license? Yes No
List states where you hold permanent licensure – include number and expiration date:

3. Have you ever been denied a medical license or had a license revoked? Yes No
If yes, explain _____

4. International Medical Graduates Only:
Are you certified by the E.C.F.M.G.? Yes No
Certification number: _____ Certification valid through date: _____

Examination Taken and Test Scores

VQE 1 _____ 2 _____ NBME 1 _____ 2 _____ 3 _____
FMGEMS 1 _____ 2 _____ USMLE 1 _____ 2 _____ 3 _____

5. Citizen of U.S.? Yes No Permanent resident Yes No A# _____
 Exchange Visitor Visa (J-1) Research Clinical How Long? _____
 H1B visa Research Clinical How Long? _____
 Other _____ Exp. date _____

6. References and supporting documents:

Please ask three physicians (one should be your residency program director) who have supervised you in a clinical setting, to send a letter in support of your application. Copies of the following documents are also required: CV, personal statement, medical school diploma, residency/fellowship certificates, and all USMLE step scores. All of these items can be sent to the email address below.

International Medical Graduates – In addition to the requirements above, please send a certified copy of your ECFMG certificate and qualifying exam results.

REFERENCES AND SUPPORTING DOCUMENTS WILL NOT BE RETURNED.

The policy of The Cleveland Clinic is to provide equal opportunity to all of our employees and applicants for employment. Decisions concerning employment transfers and promotions are all made upon the basis of the best-qualified candidate without regard to color, race, relation, national origin, age, sex, handicapped status, ancestry, or status as disabled or Vietnam era veteran.

I certify that the information given or attached is true, accurate, and complete.

Signed _____ Date _____

Please return application, LORs and supporting documents by email to:

Lauren Cunningham - cunninl3@ccf.org, 216-445-7110
Danielle Berry- berryd2@ccf.org
Program Director: Ruchi Yadav, MD
9500 Euclid Ave, L10
Cleveland, OH 44195