



University of California, Irvine • School of Medicine
Department of Radiological Sciences
Application for Fellowship

Starting Date:				
Subspecialty Programs (Please check all programs of interest): ☐ Abdominal Imaging ☐ Musculoskeletal Radiology-LBVA ☐ Breast Imaging ☐ Oncological Imaging ☐ Cardiovascular and Thoracic Imaging ☐ Musculoskeletal Imaging and Intervention-UCI				
Name:	Last	First	Middle	
Date of Birth:		Gender:		
AAMC ID:		NPI Number:		
Present Address:				
Permanent Mailing Address:				
Telephone (Home):		Telephone (Cell):		
Email:				
U.S. Citizen:	☐ Yes ☐ No	City/State/Country of Birth:		
VISA Type:		Expiration Date:		Other:
Licensure:	State *California	Number	Date Issued	Expiration Date
	State	Number	Date Issued	Expiration Date
	State	Number	Date Issued	Expiration Date
Fluoroscopy Supervisor and Operator Permit Number			☐ Currently do not have Fluoroscopy S&O Permit ☐ Applied for permit on _____	
Education:	School/Hospital	Location/Address	Dates Attended From/To	Degrees/Type of Specialty
Residency				
Internship				
Medical School				
Undergraduate				
Other				



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Name of Residency Program Director:									
Employment:									
Company		Job Title		Dates of Employment		Currently Employed:		☐ Yes ☐ No	
Company		Job Title		Dates of Employment		Currently Employed:		☐ Yes ☐ No	
Company		Job Title		Dates of Employment		Currently Employed:		☐ Yes ☐ No	
USMLE Step 1	Dates Taken & Results		USMLE Step 2	Dates Taken & Results		USMLE Step 3	Dates Taken & Results		
LMCC Exam	Dates Taken & Results			ECFMG Exam	Dates Taken & Results				
References (Please list the names and institutions of three supervisors/physicians who will be writing letters for you)									
Name		Title		Institution			Contact Number/Email		
Name		Title		Institution			Contact Number/Email		
Name		Title		Institution			Contact Number/Email		

Do you have any physical conditions which may limit your ability to perform the job applied for?

☐ Yes If yes, please explain: _____
☐ No

How did you hear about our program?

Please note that at time of matriculation, it is mandatory to have a valid California Medical License, as well as a State of California Radiography and Fluoroscopy Supervisor and Operator Permit, to participate in the fellowship program.

For further information on the application process for a State of California medical license and State of California Radiography and Fluoroscopy Supervisor and Operator Permit, please see the [Medical Board of California](#) website and the California Department of Public Health [Radiologic Health Branch](#) website.

I agree to meet the California State Licensing and Fluoroscopic certification requirements prior to entering the program. Failure to comply may result in dismissal from the program.

Signature of Applicant: _____ Date: _____

Type/Print Name of Applicant: _____