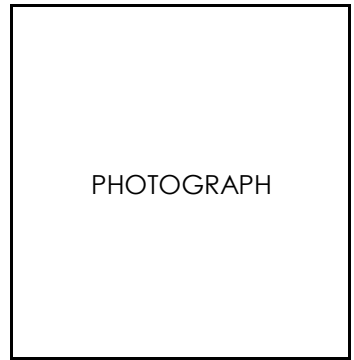




Henry Ford Hospital
 Department of Radiology
 2799 West Grand Boulevard, E-328
 Detroit, Michigan 48202



GRADUATE MEDICAL EDUCATION RADIOLOGY FELLOWSHIP APPLICATION

Instructions: Complete online and submit ___ **application**, ___ **curriculum vitae**, ___ **examination scores**, ___ **personal statement**, three (3) ___ **letters of recommendation**, ___ **medical school diploma**, and ___ **ECFMG certificate** (if applicable) to Marsha Strong, Medical Education Coordinator, via email at **marshar@rad.hfh.edu**.

PERSONAL:

Name: _____ Address: _____
 Email: _____ Phone: _____
 Date of Birth: _____ Social Security Number: _____
 United States Citizen: Yes No OR Permanent Resident: Yes

FELLOWSHIP:

Academic Year: July 2017 to June 2018

Body Imaging Women's Imaging Musculoskeletal Neuroradiology Vascular Interventional
 Breast Imaging ~~~~~>Select: July to December _____ OR January to June 2018

EDUCATION: List all undergraduate, graduate, medical school, postgraduate training, and other experience in chronological order. Include any gaps in training since graduation from medical school.

<i>Dates</i>	<i>Institution</i>	<i>Location</i>	<i>Degree or Program</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LICENSURE:

Physician License: Yes - State(s): _____
 Controlled Substance License: Yes - State(s): _____

I certify that the information provided on this application and accompanying documents is accurate and complete.

Signature _____
Date