Application Checklist

- Universal Application
- Personal Statement
- CV
- USMLE Transcript
- Medical School Transcript
- 3 Letters of Recommendation
Name: 
Present Address: 
Permanent Address: 
Email: 
Telephone: 
Place of Birth: 
Date of Birth: 
Citizenship: 
Permanent Resident: 
Visa Status/Expiration: 

**Education/Training/Research** (Please begin in chronological order with baccalaureate education, include internship, residency and any additional applicable training or research. Delete or add rows as necessary.)

<table>
<thead>
<tr>
<th>Institution and Location</th>
<th>Dates of Attendance (MM/YYYY-MM/YYYY)</th>
<th>Field of Study</th>
<th>Degree</th>
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<tbody>
<tr>
<td>Premedical Education</td>
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<td>Medical Education</td>
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<td>Internship</td>
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<td>PGY 1 Training</td>
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<tr>
<td>Radiology Residency</td>
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Copy and Paste Professional Photo Here
United States Medical Licensing Examination (USMLE):
(Copies must be sent to individual programs)
Step 1:
Step 2:
Step 3:

Comprehensive Osteopathic Medical Licensing Examination (COMLEX):
(Copies must be sent to individual programs)
Level 1:
Level 2-CE:
Level 2-PE:
Level 3:

Educational Commission for Foreign Medical Graduates (ECFMG) Exam:
(Copies must be sent to individual programs)
Where taken:
Date:
Certificate Number:

Medical Licensure:
State and Expiration Date:
**Letters of Recommendation:**

Please list the names and contact information of the THREE preceptors that will be providing a letter of recommendation. One letter must come from your diagnostic radiology residency program director. These letters must be sent directly to the programs from the letter author.

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<tr>
<th>Name</th>
<th>Title and Institution</th>
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Are there any special circumstances that should be considered when reviewing your application?

**Applicant's Certification:**

I certify all the information I have provided is complete and accurate.

Signature:

Date: