

## Application For Fellowship Breast Imaging for Baylor Scott & White Medical Center

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Email \_\_\_\_\_

### EDUCATION:

Undergrad: \_\_\_\_\_ Degree \_\_\_\_\_

Medical School: \_\_\_\_\_ Graduation Month/Year \_\_\_\_\_

USMLE STEP I \_\_\_\_\_, II \_\_\_\_\_, III \_\_\_\_\_ AAMC ID # \_\_\_\_\_ NRMP # \_\_\_\_\_

Current Medical License # \_\_\_\_\_ State \_\_\_\_\_ Expiration: \_\_\_\_\_

Have You Ever Been Denied or Lost a State License? \_\_\_\_\_ (If Yes, Explain Why)

Core Exam Completion Date: \_\_\_\_\_ ( pass / fail )

### TRAINING:

Internship: \_\_\_\_\_

Dates of Training: \_\_\_\_\_ Specialty: \_\_\_\_\_

Residency: \_\_\_\_\_

Dates of Training: \_\_\_\_\_ Specialty: \_\_\_\_\_

Other Education, Training or Hospital Research: (Please List in Chronological Order, Including Your Present Position.)  
Institution

\_\_\_\_\_  
Name, Address, Type of Training, Dates, Institution

### Please include for submission with this Completed Application Form:

- Program Director Letter of Recommendation, and verification current standing in Residency Program.
- At least 2 additional Letters of Recommendation
- Professional Photo
- Medical School Transcript
- Current CV
- Personal Statement Including Career Goals and Professional Plans
- USMLE Score Transcript(s)

**By signing below, I attest that the information contained within this application is true and correct.**

Date \_\_\_\_\_ (Signed) \_\_\_\_\_