



**Department of Radiology  
FELLOWSHIP APPLICATION CHECKLIST**

Name of Applicant: \_\_\_\_\_

Fellowship start date: \_\_\_\_\_

- Completed application**  
Please be sure to sign your application
  
- Curriculum Vitae with cover letter**  
Should include education, work experience, publications, scientific exhibits and honors in medicine
  
- Three letters of recommendation**  
Letters of recommendation, addressed to the Program Director, must be written by Radiologists, at least one of whom is a PEDIATRIC Radiologist. Letters of recommendation **MUST** be requested by the applicant **AND** emailed with a separate cover letter **DIRECTLY** to the Program Administrator.

Scott A. Jorgensen, M.D.  
Pediatric Radiology Fellowship Program Director  
Phoenix Children's Hospital  
1919 E. Thomas Road  
Phoenix, AZ 85016

- Small photograph**  
For identification purposes. Please affix to page 2 where stated.

**RETURN COMPLETED APPLICATION AND DIRECT  
ALL CORRESPONDENCE TO:**

Jessica Anzalone  
Fellowship Program Administrator  
Phoenix Children's Hospital  
1919 E. Thomas Road  
Phoenix, AZ 85016  
Telephone: 602-933-1213  
Fax: 602-933-1264  
E-mail: [janzalone@phoenixchildrens.com](mailto:janzalone@phoenixchildrens.com)



**If not a U.S. Citizen:**

What type of visa will you hold while you are at Phoenix Children's Hospital?  
\_\_\_\_\_

If you are in the U.S. on an Exchange Visitor Program, give the name and program number of your current sponsor: \_\_\_\_\_

A graduate of foreign school (except Canada) who will have any clinical responsibilities is required to pass the United States Medical Licensing Exam (USMLE).

If you are certified, indicate below:

Standard Certificate: Number: \_\_\_\_\_ (copy must be included)

Interim Certificate: Number: \_\_\_\_\_ (copy must be included)

E.C.F.M.G. (if foreign trained) Number: \_\_\_\_\_

**LICENSED** to practice medicine in the State/Province of:

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
License Number

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
License Number

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
License Number

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**EDUCATION:**

**College/University:**

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Location

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Dates attended

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Location

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Dates attended

**Medical School:**

Institution	Location
Degree	Dates attended

**Internship:**

Institution	Location	Dates attended
Institution	Location	Dates attended

**Residency:**

Institution	Location	Dates attended
Institution	Location	Dates attended

**Fellowship:**

Institution	Location	Dates attended
Institution	Location	Dates attended

Other post-graduate work: \_\_\_\_\_

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**LETTERS OF RECOMMENDATION:**

1. \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
E-mail address Telephone

2. \_\_\_\_\_  
 Name Title  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 E-mail address Telephone  
 \_\_\_\_\_

3. \_\_\_\_\_  
 Name Title  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 E-mail address Telephone  
 \_\_\_\_\_

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**GENERAL INFORMATION**

- Have you ever elected to leave any program of education and/or training prior to completion?  YES  NO
- Have you ever been asked or directed to leave any program of education and/or training prior to completion?  YES  NO
- Are there any actions or proceedings which have involved the imposition of a sanction of suspension or dismissal from any program of education and/or training to date?  YES  NO
- Have you ever pleaded guilty to or been convicted of a crime or offense other than a minor traffic violation?  YES  NO

If **YES** to any of the above questions, please provide details on a separate page.

**CERTIFICATION**

I certify that the facts and information I have provided on this application, on other pre-employment documents and during interviews are true and complete; and I agree that if I receive an appointment, incorrect, incomplete or falsified information will be grounds for dismissal, regardless of when discovered.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date