



AHMANSON BIOLOGICAL IMAGING CENTER
 UCLA SCHOOL OF MEDICINE
 NUCLEAR MEDICINE DIVISION
 LOS ANGELES, CA 90095-6942

APPLICATION FOR NUCLEAR MEDICINE FELLOWSHIP

I am applying for admission as a fellow in Nuclear Medicine for the period:			to	
I. PERSONAL INFORMATION				
Name:		Last	First	Middle
<input type="checkbox"/> MD	<input type="checkbox"/> PhD	<input type="checkbox"/> DO	<input type="checkbox"/> Other	US Social Security #: _____ Age: _____
Date of Birth:		Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Birthplace:		Country of Citizenship:		
If you are not a citizen of the United States, please specify your VISA status:				
Visa Type:		Sponsor:		Expiration Date: _____
Current Mailing Address:				
Permanent Address:				
II. EDUCATION				
UNDERGRADUATE EDUCATION				
Institution	Location	Dates	Major	Degree
Honors & Awards:				
GRADUATE, PROFESSIONAL, MEDICAL EDUCATION				
Institution	Location	Dates	Major	Degree
Honors & Awards:				

III. CLINICAL TRAINING					
INTERNSHIP					
Hospital	City	State	Specialty	Dates of Training	
ALL SUBSEQUENT RESIDENCIES/FELLOWSHIPS/PRACTICES					
Hospital	City	State	Specialty	Dates of Training	
IV. BOARD CERTIFICATION					
USMLE/National Board Scores:	Step 1:		Step 2:		Step 3:
	Date:		Date:		Date:
V. MEDICAL LICENSURE					
State:		Date Licensed:		Expiration Date:	
State:		Date Licensed:		Expiration Date:	
State:		Date Licensed:		Expiration Date:	
VI. RESEARCH EXPERIENCE					
Field(s) of Research:					
Publications:					
VII. ADDITIONAL INFORMATION					
Extracurricular Activities or Interests:					
Military Experience:	<input type="checkbox"/> Yes (If yes, please complete the following questions) <input type="checkbox"/> No				
	Branch of Service:		Highest Rank:		
	Entry Date:		Discharge Date & Type:		
VIII. REFERENCES					
Please name three references who have supervised your prior clinical training.					
Name:		Title:		Organization:	
Address:				Phone #:	
Name:		Title:		Organization:	
Address:				Phone #:	
Name:		Title:		Organization:	
Address:				Phone #:	

By entering my name and the current date below, I am signifying that all information indicated above is accurate and current, and I hereby acknowledge that any false, misleading or omitted facts on this application may be cause for reprimand or dismissal. I also understand that a California medical license is required in order to begin residency.

Name _____

Date _____

The following application materials are required for a complete application file:

- Completed application form
- Official copy of medical school transcripts
- Copies of all Boards or USMLE certificates
- Three letters of recommendation
- Curriculum Vitae
- Statement of intent stating your interests in Nuclear Medicine and the UCLA program
- For non-US applicants: copy of ECFMG certificate, and visa status (J1 Visa required)

E-mail and/or send all application materials to:

Christiaan Schiepers, MD, PhD
Program Director
David Geffen School of Medicine
200MP, Suite B114, MC 957370
Los Angeles, CA 90095-7370
CSchiepers@mednet.UCLA.edu

Soosan Seyedroodbari
Proram Coordinator
sroodbari@mednet.UCLA.edu

For further information, contact Soosan Seyedroodbari at (310)794-1596.