



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

APPLICATION FOR NUCLEAR MEDICINE RESIDENCY

| | | | | |
|--|------------------------------|-----------------------------|--------------------------------|--|
| I am applying for admission as a resident 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: | | | | |
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| 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-UCLA
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CSchiepers@mednet.ucla.edu

Soosan Seyedroodbari
Program Coordinator
sroodbari@mednet.ucla.edu

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