



**NATIONWIDE CHILDREN'S**  
*When your child needs a hospital, everything matters.<sup>SM</sup>*

## **Pediatric Radiology Fellowship Application**

Nationwide Children's Hospital  
Dept. of Radiology  
700 Children's Drive  
Columbus, Ohio 43205

### **Application**

Eligible candidates should have completed a four-year residency in Diagnostic Radiology and be board-certified or board-eligible. The program presently accepts four fellows per year. Selected candidates will be offered an onsite interview.

Applications are accepted beginning June 1. Interviews will begin in July for the following year's Fellowship. Candidate must provide the following items to (or see mailing address below):

[Catherine.Wagy@NationwideChildrens.org](mailto:Catherine.Wagy@NationwideChildrens.org)

1. Completed application
2. Personal statement
3. Curriculum vitae
4. Photo
5. Three letters of reference (one should be from your Program Director)
6. Copy of Medical School Diploma

For the period \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Medical School \_\_\_\_\_ Name of Dean \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Degree \_\_\_\_\_ Graduation Date \_\_\_\_\_

Other degrees or

Colleges or dates \_\_\_\_\_

If Foreign Medical School Graduate:

ECFMG Certificate \_\_\_\_\_

Number

Expiration Date \_\_\_\_\_ Interim \_\_\_\_\_ Permanent

Immigration Status \_\_\_\_\_ Permanent \_\_\_\_\_ J-1 Exchange Visitor \_\_\_\_\_ H-1 Temporary Student

**United States Medical Licensing and State Board Examinations**

Dates Taken and results

\_\_\_\_\_

**Previous Post M. D. / D.O. Training (Internship and Residency)**

Hospital City State Program Date to Date

\_\_\_\_\_

\_\_\_\_\_

**Membership in organizations**

Professional and other

\_\_\_\_\_

Are you eligible for V.A. Benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch of Services \_\_\_\_\_

**Experience**

\_\_\_\_\_

Practical and Hospital

\_\_\_\_\_

**References:** Please request letters from persons acquainted with your education and professional work. Include the Director Radiology Residency Program:

**References (only applicable if applying for additional year of Pediatric Radiology training):**

Please request letters from persons acquainted with your education and professional work. Include the Director of Pediatric Residency Program.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever been suspended, expelled, or resigned from any medical school or hospital appointment and if so, why?

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Are you licensed to practice medicine in Ohio?

\_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

If not licensed, will you obtain an Ohio State License prior to assumption of duties, if appointed?

\_\_\_\_\_ Yes \_\_\_\_\_ Yes

Have you ever worked for the State of Ohio or for The Ohio State University, and if so, give dates?

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**VOLUNTARY INFORMATION**

Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Country \_\_\_\_\_

Sex \_\_\_\_ Female \_\_\_\_ Male      Marital Status \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Dependents \_\_\_\_\_

Fellowship Applications Note: Appointments can be made for one year only, subject to continuing advancement as opportunity and performance permit, but this institution is not obligated to extend any appointment beyond one year. Appointments are made for a specific service. No departmental chairman can guarantee an appointment on service outside of his own departments, but such interchange may be accompanied if and when it is mutually advantageous to all concerned. Please send credentials and direct correspondence to the Program Director of the department to which you are making residency application. Mail to:

Stephen M. Druhan, MD  
Program Director  
Department of Radiology  
Nationwide Children's Hospital  
700 Children's Drive  
Columbus, Ohio 43205