



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.™

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):

Allison.Begue@nationwidechildrens.org and Amber.Chalfin@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 _____

E-Mail 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?

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 _____ No

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

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