

University of Florida, W.A. Shands Teaching Hospital, Gainesville, FL 32610

Fellowship for year: _____ In the area of: _____

Name: _____ SS#: _____
(Last) (First) (Middle)

Birthdate: _____ Birthplace: _____

Address: _____
(Number and Street)

(City) (State) (Zip Code)

Telephone # Home: _____ # Work: _____ # Cell: _____

Citizenship: _____ (If graduated from foreign medical school please attach ECFMG)

Previous Military Service: _____

Premedical College(s): _____

Dates Attended: _____

Degree(s) Awarded: _____

Dates Attended: _____

Degree(s) Awarded: _____

Medical School: _____

Dates Attended: _____

Class Rank/AOA: _____

Medical Licensure(s): NUMBER	STATE	LICENSE
Florida:	<u>Florida</u>	# _____
Other:	_____	# _____
Other:	_____	# _____

Previous Hospital Experience:

Internship: _____

Residency: _____

Other: _____

Why, specifically, are you attracted to our program?

Teaching and Research Experience – Please specify significant teaching and research experience prior to, during or following medical school.

REFERENCES

Please request the THREE people listed below to compose and directly forward recommendations. At least one should be your chairman or program director.

NAME: _____

Link to candidate:

NAME: _____

Link to candidate:

NAME: _____

Link to candidate:

Please attach CV (CURRICULUM VITAE).

PERSONAL STATEMENT: Please succinctly discuss fellowship goals – what you hope to achieve during and after the fellowship (practice – private or academic? Where? Confined to subspecialty? ETC.)

Date: _____

Signature: _____

E-mail (or Mail) completed application to:

W. J. Montgomery, MD
Chief, Musculoskeletal (MSK) Radiology
Director, MSK Radiology Fellowship Program
Department of Radiology
University of Florida College of Medicine
Box 100374
Gainesville, FL 32610-0374
montgw@radiology.ufl.edu

Secretary Contact Info:

Ms. Chriss Evas
Evascl@radiology.ufl.edu
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