



STANFORD UNIVERSITY MEDICAL CENTER

STANFORD, CALIFORNIA 94305-5281

(650) 724-9139

APPLICATION FOR NUCLEAR MEDICINE PET/CT FELLOWSHIP

(PLEASE COMPLETE ALL SECTIONS; DO NOT REFER TO YOUR "CV" EXCEPT WHERE NOTED)

DATE OF APPLICATION		DATE FELLOWSHIP TO BEGIN	
Name:			<input type="checkbox"/> MD, <input type="checkbox"/> PhD, <input type="checkbox"/> DO, <input type="checkbox"/> Other
Work Phone:	Work Fax:		
Address:			
City	State	Zip	
Home Phone:	Cell Phone:	Email:	
Citizenship:	Pager:		
Date of Birth:	Birthplace:		
VISA type/status			SCORES FROM USMLE/NATIONAL BOARD
US Social Security #			Test Scores: #1: #2: #3:
			Dates #1 #2 #3
If graduate of foreign medical school, please indicate ECFMG status. If passed, provide date and certificate number:			<i>Please provide copy of actual scores</i>

EDUCATION & TRAINING

COLLEGE or UNIVERSITY	MAJOR	DEGREE	YEARS	SCHOLARSHIPS/HONORS
			-	
			-	
			-	

MEDICAL SCHOOL	YEARS	SCHOLARSHIPS/HONORS
	-	
	-	
	-	

POSTGRADUATE TRAINING & EXPERIENCE

	PROGRAM, CITY, STATE	TYPE	YEARS
INTERNSHIP			-
RESIDENCY			-
RESIDENCY			-
FELLOWSHIP			-
PRACTICE			-
MEDICAL LICENSURE			
State:		Number:	
State:		Number:	
		Expires:	
		Expires:	

DRUG ENFORCEMENT ADMINISTRATION

Certification Number _____

Expiration Date _____

PROVIDE A BRIEF STATEMENT OF WHY YOU SEEK TRAINING IN PET/CT

RESEARCH EXPERIENCE (*Indicate Undergraduate, Graduate, and Medical School*)

PUBLICATIONS (*You may reference your CV*)

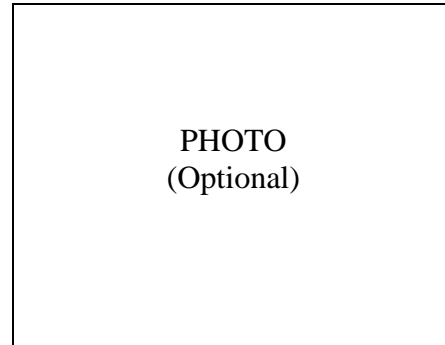
MEMBERSHIP IN SCIENTIFIC AND PROFESSIONAL ORGANIZATIONS (*indicate offices held, if any*)

SUPPLEMENTAL INFORMATION

Stanford University Medical Center is committed to increasing representation of women and members of minority groups in its residency and fellowship training programs and particularly encourages applications from such individuals. If you choose, you may indicate your nationality below, however failure to do this will not prejudice your application in any way.

ETHNIC GROUP

- African American
- American Indian or Alaska Native
- Caucasian
- Asian/Pacific Islander
- Hispanic - Mexican/American or Chicano
- Hispanic - Puerto Rican (Mainland)
- Hispanic - Puerto Rican (Commonwealth)
- Hispanic - Other Hispanic



REFERENCES

Please name three individuals who may be contacted as professional references

NAME	TITLE	PROFESSIONAL AFFILIATION (Hospital, Group, etc)
ADDRESS	TELEPHONE NUMBER	E-MAIL
NAME	TITLE	PROFESSIONAL AFFILIATION (Hospital, Group, etc)
ADDRESS	TELEPHONE NUMBER	E-MAIL
NAME	TITLE	PROFESSIONAL AFFILIATION (Hospital, Group, etc)
ADDRESS	TELEPHONE NUMBER	E-MAIL

I understand that a California medical license is required in order to begin fellowship.

Signature

Date

I hereby consent to the duly authorized representatives of Stanford University or Stanford University Medical Center contacting any of my former employers, any of the educational institutions that I have attended, and any other persons or organizations whom it determines might have information relevant to my application for employment here. I further consent to those persons or organizations divulging relevant information to Stanford notwithstanding that it might otherwise be confidential, such as records of disciplinary proceeding. I understand that any information obtained by Stanford in the course of those contacts will be treated in strict confidence.

Any false, misleading or omitted material facts on this form may be cause for reprimand or dismissal.

Signature

Date

The following application materials should be sent to Dr. Andrew Quon, Nuclear Medicine Fellowship Program Director:

- Completed application form
- Curriculum Vitae
- Three letters of recommendation
- Copy of medical school diploma
- Copies of USMLE board exam scores
- Proof of eligibility or certification: American Board of Radiology (ABR) and/or American Board of Nuclear Medicine
- Copy of ECFMG certificate (if applicable) - We do accept graduates of foreign medical schools
- Visa status (if applicable) - Stanford only sponsors J1 visas. Applicants who currently hold an H1 visa will need to change to a J1

SEND ALL APPLICATION MATERIALS TO:

Andrew Quon, MD
Assistant Professor of Radiology
Fellowship Program Director
Department of Radiology - Nuclear Medicine
Stanford University Medical Center
300 Pasteur Drive, Room H-0101
Stanford, CA 94305-5281