



**LUCILE SALTER PACKARD CHILDREN'S HOSPITAL  
and  
STANFORD UNIVERSITY MEDICAL CENTER**

**Department of Radiology  
725 Welch Road  
Palo Alto, California 94304**

Application for Pediatric Radiology Fellowship: \_\_\_\_\_ To begin \_\_\_\_\_

Please append a copy of your curriculum vitae

Name in Full: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
daytime evening

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Advanced Studies: \_\_\_\_\_ Degree: \_\_\_\_\_

Medical School: \_\_\_\_\_ Degree and Date: \_\_\_\_\_

Class Standing: Known \_\_\_\_\_ If unknown, your impression:

Upper 10% \_\_\_\_\_ Upper 1/3 \_\_\_\_\_ Middle 1/3 \_\_\_\_\_ Lower 1/3 \_\_\_\_\_

Honors and Awards

College \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical School \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List internship, residencies, or fellowships served, using a separate sheet to complete the list, if necessary. Give dates and names of schools and hospitals involved. If you have ever left a training position for any reason other than the expiration of the usual term, please state the reason.

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American Board of Radiology status:

Eligible: \_\_\_\_\_ Certified: \_\_\_\_\_ Date: \_\_\_\_\_

Other Board Certification: Specify: \_\_\_\_\_ Date: \_\_\_\_\_

Any research experience: (Attach separate sheet, if necessary) Yes \_\_\_\_ No \_\_\_\_

If yes, what? \_\_\_\_\_

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Publications: \_\_\_\_\_

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States in which licensed: \_\_\_\_\_

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National and State Board Exams: (give dates and numerical results)

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Membership in scientific and professional organizations: \_\_\_\_\_

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Present state of health: \_\_\_\_\_

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Extra-curricular activities: \_\_\_\_\_

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(You may staple a recent  
2" x 3" photo of yourself  
in this space, if you wish)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Receipt of Duty Hours Policy & Supervisory Lines of Responsibility Document**

I, the Pediatric Radiology Fellow, have received the documents *Pediatric Radiology Duty Hours Policy and Supervisory Lines of Responsibility* within the *Fellowship Curriculum*. I will abide by the provisions and report any breach in policy directly to the chief of Pediatric Radiology.

Signed,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name