

Eligibility Requirements

- Must be a resident or fellow currently in a radiology training program, or radiologist not more than two years out of training, who is beginning or considering an academic career.
- Nominations must be made by the candidate's department of radiology chairman or training director.
- Fluency in English is required.

Required Application Materials

- Nomination Form (this document). This should be completed by the nominee and signed by the nominee's department of radiology chairman or training director.
- Complete list of your publications (for which you are an author or co-author).
- Copies of your two most recent abstracts (must be submitted in English).
- Letter of support from your department of radiology chairman, or training director.
- If nominee is a visiting professor or a fellow temporarily living and working in another country, a letter of support from the nominee's host institution chairman or training director is also required.

Directions to Department of Radiology Chairman or Training Director

- You may nominate only one candidate each year.
- Write a letter of support (in English) indicating your reasons for selecting the nominee and attesting to the nominee's written and verbal fluency in English. If your nominee is a visiting professor or a fellow temporarily living and working in another country, a letter of support from the nominee's host institution chairman or training director is also required.
- Sign this portion of the form once completed by the nominee.

Print name of Department of Radiology Chairman or Training Director

Chairman's or Training Director's Email Address

Signature

Mailing Address

PLEASE TYPE OR PRINT. IF COMPLETING THIS ELECTRONICALLY, USE  ADOBE READER, AVAILABLE FREE ONLINE.

DEADLINE: APRIL 15, 2018

Contact Information (To be completed by Nominee; all items must be submitted in English for consideration)

_____	_____	_____	_____
First Name	Middle Name	Last Name	Degree: MD, PhD, other
_____	_____	_____	_____
Residency Program/Current Institution	Current Position/Title	YEARS	MONTHS
_____	_____	_____	Length in Position
Current Work Address			
_____	_____	_____	_____
City	State or Province	ZIP/Postal Code	Country
_____	_____	_____	_____
Work Phone	Work Fax	Work Email	
_____	_____	_____	
Home Address			
_____	_____	_____	_____
City	State or Province	ZIP/Postal Code	Country
_____	_____	_____	_____
Home Phone	Home Email		_____
_____	_____		_____
Birthdate (_____ / _____ / _____)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Which of the email addresses provided above is preferred? <input type="checkbox"/> Work <input type="checkbox"/> Home
_____	_____		_____

Where did you attend Medical School?

If you had a mentor who influenced your level of research activity during medical school or residency, please list their name and department below:

_____	_____	<input type="checkbox"/> Medical School	<input type="checkbox"/> Residency
Name	Department		
_____	_____	<input type="checkbox"/> Medical School	<input type="checkbox"/> Residency
Name	Department		
_____	_____	<input type="checkbox"/> Medical School	<input type="checkbox"/> Residency
Name	Department		
_____	_____	<input type="checkbox"/> Medical School	<input type="checkbox"/> Residency
Name	Department		

