

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

► Only applicants representing radiology teaching institutions, hospitals or medical libraries from developing countries are eligible for this program.

### 1. Application Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

### 2. Name and Department of Teaching Institution/Hospital/Medical Library:

Name \_\_\_\_\_ Department \_\_\_\_\_

### 3. Name of Department Chairman or Director:

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name (Family Name) \_\_\_\_\_ Generation (Sr., Jr. II, III, IV) \_\_\_\_\_

4. Is the institution a non-for-profit organization?  Yes  No

### 5. Institution Website, if Available:

If a web address is not available, please submit a copy of an informational brochure from your institution or a brief overview of your facility along with your completed application.

\_\_\_\_\_

### 6. Request for Education

#### RSNA Journals:

	Electronic, Online Access (strongly encouraged)	Print Copy, Mailed
<i>Radiology</i> Subscription	<input type="checkbox"/>	<input type="checkbox"/>
<i>RadioGraphics</i> Subscription	<input type="checkbox"/>	<input type="checkbox"/>

#### Educational Materials:

Click here ([rsna.org/purchase](http://rsna.org/purchase)) to review available materials from the RSNA Education Resources Catalog.

List your requested materials in the space provided below. Note: Materials are only available in CDROM format.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

### 7. Delivery of Education:

Please provide the information below, based on the education requested in question #6.

**If you are requesting an online subscription to *Radiology* and/or *RadioGraphics*, provide the IP address(es) of your institution that should be granted access. This information is required.**

(Note: a limited number of IP addresses can be accommodated.)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**If you are requesting a print subscription to *Radiology* and/or *RadioGraphics* or education from the RSNA Education Resources Catalog:**

Recipient's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**8. Briefly describe the radiology training program, if applicable:**

\_\_\_\_\_  
Length of training

\_\_\_\_\_  
Content of training

\_\_\_\_\_  
Number of trainees

\_\_\_\_\_  
Language(s) in which medicine is taught:

**9. List the major educational needs of your program/institution, in order of priority.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**10. Type of procedures performed** (check all that apply).

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Breast/Mammography | <input type="checkbox"/> Diagnostic Radiology | <input type="checkbox"/> Interventional     | <input type="checkbox"/> Nuclear Medicine    |
| <input type="checkbox"/> Cardiovascular     | <input type="checkbox"/> Gastrointestinal     | <input type="checkbox"/> Magnetic Resonance | <input type="checkbox"/> Pediatric Radiology |
| <input type="checkbox"/> Chest              | <input type="checkbox"/> Genitourinary        | <input type="checkbox"/> Musculoskeletal    | <input type="checkbox"/> Radiation Oncology  |
| <input type="checkbox"/> CT                 | <input type="checkbox"/> Head & Neck          | <input type="checkbox"/> Neuroradiology     | <input type="checkbox"/> Ultrasound          |

**11. If your application is approved, please indicate the number of faculty and residents that will have access to the requested education.**

\_\_\_\_\_  
Faculty

\_\_\_\_\_  
Residents

**12. How do you intend to use the requested education?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Please provide any other information that would be helpful for the review committee.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submit your completed application to [CIRE@rsna.org](mailto:CIRE@rsna.org) or send via mail to the address below.**

**Radiological Society of North America  
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USA**