

## Instructions for Application

National, regional or local radiology societies; universities; or hospitals in, or that primarily serve, developing countries are invited to apply to host an International Visiting Professor (IVP) team. The host institution will select and organize visits to teaching hospitals that have active radiology training programs with the need and potential for educational enrichment from a visiting professor team. If desired, the IVP team will also lecture at the host's national or regional radiology society meeting.

### The host institution is expected to:

- provide complimentary hotel accommodations and most meals for the IVP team for the duration of their visit. (If this is cost-prohibitive, please write a letter stating your reasons for partial subsidy for this expense);
- appoint a contact who is fluent in English and able to communicate program, schedule, and hospitality arrangements with the IVP team members and the RSNA staff contact;
- complete an evaluation of the visiting professors and the program within four weeks of the IVP visit;
- provide complimentary entry/registration to the national society meeting at which the visiting professors will speak if necessary.

### The host hospitals are expected to:

- appoint a contact who is fluent in English and able to communicate and act as a liaison to the visiting professors and RSNA staff through the duration of the program;
- complete an evaluation of the visiting professors and the program within four weeks of the IVP visit.

### Application Requirements:

Applications must be completed and submitted jointly by the national regional or local radiology society; university; or host hospital and the teaching hospitals. Educational institutions that are adjuncts of private practices are not eligible for this program.

Along with your application, please include a proposed 12 to 14-day schedule for an IVP team visit.

### Submitting Your Application & Supporting Documentation

Applications and all supporting materials should be submitted electronically to [cire@rsna.org](mailto:cire@rsna.org). (If these materials cannot be submitted electronically, please mail a hard copy, to arrive by the February 1, 2018 deadline, to RSNA Headquarters, ATTN: Department of International Affairs, 820 Jorie Blvd, Oak Brook, IL 60523 USA.)

Please direct any questions pertaining to the International Visiting Professors program to [cire@rsna.org](mailto:cire@rsna.org).

PLEASE TYPE OR PRINT. IF COMPLETING THIS ELECTRONICALLY, USE  [ADOBE READER, AVAILABLE FREE ONLINE.](#)

**DEADLINE: FEBRUARY 1, 2018**

## 1. Host Institution Information:

Name of Host Institution			
Address			
City	State or Province	ZIP/Postal Code	Country
Phone	Fax		
Contact Person	Email Address		
Application Prepared by (if different from contact person)			
1	2		
List names of staff fluent in English			
3	4		
Date of desired 10-14 day visit	Language in which medicine is taught		
1	2		
Proposed Host Hospital(s) – Note: Hospitals that have been visited through this program within the past five years will not be considered for inclusion in the 2019 program. (Attach each of the Host Hospital Applications to this application. Hospital Applications are available online.)			
3	4		
Will this trip include a national or regional society meeting <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, projected number of attendees _____		
Describe visa regulations that apply to a visiting professor			

**2. Educational Needs:**

Should your institution be selected to host a visiting professor team, the RSNA committee will appoint expert professors based on the educational needs identified in your application. Please work with the proposed hospital institutions listed in your application to identify the educational needs that the visiting professors will address during their visit. Please follow the directions below to identify these education needs.

- Within the Subspecialty list below, rank the top three subspecialty areas you would like the Visiting Professors to cover.
- To further define the educational need(s) of your learners, check the Modalities that you would like the Visiting Professors to cover (for each of your ranked Subspecialties). *(This step is optional.)*

Subspecialty <i>(Rank top 3 in order of priority)</i>	Modality <i>(Optional)</i>
___ Cardiac Radiology . . . . . ○ General ○ Chest	<input type="checkbox"/> Computed Tomography (CT) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray
___ Diagnostic Radiology . . . . .	<input type="checkbox"/> Computed Tomography (CT) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray
___ Emergency Radiology . . . . .	<input type="checkbox"/> Computed Tomography (CT) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray
___ Gastrointestinal . . . . .	<input type="checkbox"/> Computed Tomography (CT) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray <input type="checkbox"/> Fluoroscopy
___ Genitourinary . . . . .	<input type="checkbox"/> Computed Tomography (CT) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray
___ Interventional Radiology . . . . .	<input type="checkbox"/> Computed Tomography (CT) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray
___ Medical Physics	
___ Molecular Imaging . . . . .	<input type="checkbox"/> Computed Tomography (CT) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray <input type="checkbox"/> Optical Imaging <input type="checkbox"/> Positron Emission Tomography (PET) <input type="checkbox"/> Single Photon Emission Computed Tomography (SPECT)

Subspecialty	Modality
___ Musculoskeletal . . . . .	<input type="checkbox"/> Computed Tomography (CT) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray
___ Neuroradiology . . . . . ○ General ○ Head & Neck	<input type="checkbox"/> Computed Tomography (CT) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray
___ Nuclear Medicine . . . . .	<input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Positron Emission Tomography (PET)
___ Oncologic Imaging . . . . .	<input type="checkbox"/> Computed Tomography (CT) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray
___ Pediatric Radiology . . . . .	<input type="checkbox"/> Computed Tomography (CT) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray <input type="checkbox"/> Fluoroscopy
___ Radiation Oncology	
___ Vascular Radiology . . . . .	<input type="checkbox"/> Computed Tomography (CT) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray
___ Women's Imaging . . . . . ○ General ○ Breast Imaging ○ Obstetrics ○ Gynecology	<input type="checkbox"/> Computed Tomography (CT) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray <input type="checkbox"/> Mammography

Use the space below to provide further explanation of your institution's educational needs, if needed:

**3. Housing and Transportation:**

Describe the housing arrangements that will be provided to the visiting professor team

Type of housing

Location with respect to local hospitals to be visited

Describe the transportation available for the visiting professor team

For further information, please contact [CIRE@rsna.org](mailto:CIRE@rsna.org)

This form is available online at:  
**RSNA.org/IVP**

The application will not be considered complete unless the application form and all supporting documents are received in one of the following formats:

- PDF attachments, emailed to: [CIRE@rsna.org](mailto:CIRE@rsna.org)
- Hard copies, mailed to arrive by February 1, 2018

**Radiological Society of North America**  
**Department of International Affairs**  
**820 Jorie Blvd**  
**Oak Brook, IL 60523**  
**USA**