2004/2005 RSNA / AUR / ARRS INTRODUCTION TO RESEARCH NOMINATION AND APPLICATION

DIRECTIONS TO DEPARTMENT CHAIR OR TRAINING DIRECTOR:

1. You may nominate one second-year resident.
2. Sign this portion of the form and give it to your nominee for completion and mailing.
3. Write a letter indicating your reasons for selecting the nominee; **return your letter by July 15, 2004 to:**

RSNA, Department of Research, Attn: Fiona Miller, 820 Jorie Blvd, Oak Brook, IL 60523

_____ Print name of Chair Person or Training Director

_____ Signature

To be completed by Nominee (both sides - all items must be completed for consideration)

Print Full Name _____ Degree: MD / PhD / Other _____

Residency Program *_____ Age_____ Gender: **M / F**

Residency Program Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Work phone _____ Work fax_____ E-mail _____

Where did you attend Medical School? _____

Approximately what was your medical school class standing (circle one)? Upper 10% 25% 50% Lower 50%

Are you a member of AOA (Alpha Omega Alpha)? **Yes** **No**

Approximately what was your overall NBME Part III Board score? _____

Total number of months of research training or experiences you have had: _____

How many full-length research publications have you authored or co-authored? (Please attach a list of your publications) Number ☐

How many case reports have you authored or co-authored? Number ☐

Did you have a mentor who influenced your level of research activity during medical school (if yes, name & department)? Yes / No Name _____ Department _____

Do you have a mentor who has influenced your level of research activity during residency (if yes, name)? Yes / No Name_____

Did you take a research elective or fellowship in medical school (if yes, department and number of months)? Yes / No Number of months ☐ Department _____

Have you taken a radiology research elective or fellowship in residency (if yes, number of months)? Yes / No Number of months ☐

Have you arranged a radiology research elective or fellowship later in training (if yes, number of months)? Yes / No Number of months ☐

(OVER)

On a scale of 1 (very strong) to 6 (very weak), how supportive is your department of research in general?	Very Strong 1 2	Ambivalent 3 4	Very Weak 5 6
On a scale of 1 (very strong) to 6 (very weak), how supportive is your department of residents training in research?	Very Strong 1 2	Ambivalent 3 4	Very Weak 5 6
On a scale of 1 (very extensive) to 6 (not at all), how much do you do with computers ?(do not include experience with computerized imaging methods)	Very Extensive 1 2	Some 3 4	Not at all 5 6
On a scale of 1 (certain, academic) to 6 (certain, private practice), what kind of career in radiology do you anticipate?	Academic 1 2	Uncertain 3 4	Private Practice 5 6

Please indicate how important each of the following factors is to your decision to pursue academic or private practice.	VERY IMPORTANT	IMPORTANT	NOT VERY IMPORTANT	NOT MPORTANT
Family obligations.....	1	2	3	4
Desire to specialize	1	2	3	4
Personal income	1	2	3	4
Desire to avoid stress	1	2	3	4
Interest in teaching.....	1	2	3	4
Desire to avoid competition	1	2	3	4
Adequacy of research skills or training	1	2	3	4
Desire for more leisure time	1	2	3	4
Enjoyment/aptitude for types of responsibilities.....	1	2	3	4
Belief in the value of doing research	1	2	3	4
Personal indebtedness	1	2	3	4
Other (Specify)_____	1	2	3	4

Estimated amount of indebtedness on completing residency: $_____

When you enter practice, what percent of time do you anticipate devoting to: Clinical Work _____% Teaching _____% Research _____% Administration/Practice Management _____%

Please write a brief statement describing why you would like to be selected for the Introduction to Research program:

_____

_____

_____

_____

_____

_____

If you are unable to attend one program or the other, please state the reason below:

_____

_____

Nominee should return completed application **by July 15, 2004**, to:

Radiological Society of North America
Department of Research
Attn: Fiona Miller
820 Jorie Boulevard
Oak Brook, IL 60523-2251
Tel: 630-590-7741