

2024 DEREK HARWOOD-NASH INTERNATIONAL FELLOWSHIP APPLICATION

ELIGIBLE APPLICANTS must have completed their formal radiology training (MD or equivalent) and have held a faculty position in an academic institution for no less than 3 and no more than 10 years.

Please email your completed application as well as the required documentation listed below to international@rsna.org. Signed documents may also be sent via email.

- 1. A copy of your curriculum vitae.
- 2. A letter from your home institution that describes what institutional needs will be met by study in North America.
- 3. A letter from the national radiologic society of your country confirming current membership and/or attendance at its meeting in the past two years.
- 4. Proof of proficiency in English (a TOEFL or equivalent test score taken within the last two years). For applicants of countries where English is an official language, no TOEFL test is required, but the letter from your home institution must attest to your verbal fluency in English.
- 5. A documented list of academic productivity, research, and involvement in trainee education.
- 6. An additional letter of reference (optional).

DEADLINE: JULY 3, 2023 PLEASE TYPE OR PRINT. IF COMPLETING THIS ELECTRONICALLY, USE ADOBE READER, AVAILABLE FREE ONLINE. 1. Personal Information: First Name Middle Last Name (Family Name) Degree: MD, PhD, Other ☐ Male ☐ Female Birthdate (Month/Day/Year) 2. Primary Contact Information: Address City State or Province ZIP/Postal Code Country Preferred Phone Preferred Email 3. Professional Information: Name of Home Institution Number of Beds Number of Radiology Residents Board Certification (Month/Day/Year) Fax Number What is your area of special interest in radiology? How Long Have You Held a Faculty Position in a Teaching Hospital? (Years / Months) Briefly Describe Your Responsibilities at Your Teaching Institution: List the Medical Societies to Which You Belong You must be a current member of RSNA. 4. Department Director Contact Information: Director Name Address City State or Province ZIP/Postal Code Country Phone Fax Number

5. Educational History:	
Name of Medical School	/ (Month/Year)
Location of Residency Training	/ (Month/Year)
Location of Additional Training	/(Month/Year)
6. Language Fluency:	
Languages I Speak	
Languages I Read	
Languages I Write	
8. Fellowship Course of Study: Proposed start and end date in 2024. This is subject to the availability of the host institute. Please note that RSNA 2024 will be held Dec. 1–5, 2024. //	ition.
9. Personal Statement:	
Below, please provide a typed 400-word personal statement below that describes: • Specific educational needs and objectives that can be met only by a course of study in North America • Specific plans for using the knowledge and experience gained to benefit and improve the practice of radiology in your hand.	nome institution and radiologic community

For further information, please contact international@rsna.org

This form is available online at:

RSNA.org/DHN

The application will not be considered complete unless the application form and all supporting documents are emailed to *international@rsna.org* by July 3, 2023.