

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 | | |

7. Host Institution: If selected, RSNA staff will communicate with you and match you with a host institution that meets your subspecialty interests. If you have preferences or anything you would like for us to take into consideration, please list below.

8. Fellowship Course of Study: Proposed start and end date in 2024. This is subject to the availability of the host institution.
Please note that RSNA 2024 will be held Dec. 1–5, 2024.

| | |
|-----------------------------|----------------------------------|
| _____ / _____ / _____ | _____ / _____ / _____ |
| Begin Date (Month/Day/Year) | Completion Date (Month/Day/Year) |

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 home institution and radiologic community

For further information, please contact international@rsna.org

This form is available online at:
[RSNA.org/DHN](https://www.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.