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**2022 RSNA**

**INTRODUCTION TO ACADEMIC RADIOLOGY FOR SCIENTISTS**

**NOMINATION/APPLICATION**

**Page 1 to be completed by Department Chair**

**-- IMPORTANT NOTE --**

* **A response must be provided for each of the questions below.**
* **Page 1 of the form must be signed (electronic signature is acceptable) by the Department Chair.**
* **The completed document must be submitted as an e-mail attachment to: RSNA staff at:** [**DOR@rsna.org**](mailto:DOR@rsna.org) **to arrive no later than July 1, 2022.**

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| **Name of Department Chair** | **Signature – REQUIRED *(electronic signature is  acceptable)*** | |
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**Department Chair’s e-mail**

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| **NOMINEE’S NAME** |  |

**You may nominate a postdoctoral fellow in the Imaging Sciences or Biomedical Engineering, no more than 6 years since doctoral conferment at the time of the RSNA Annual Meeting and Scientific Assembly.**

**1. What, in this candidate’s past performance, indicates that he/she has academic potential?**

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**2. What are the candidate’s academic plans?**

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**3. What is the mentoring program at your institution, and how do you plan to support the candidate’s academic career**

**development?**

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***Nominee’s portion of the application follows on page 2.***

**Page 2 to be completed by the nominee**

**All sections must be completed.**

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| **First Name:** | **Middle Initial:** | **Last Name:** | | **Degree(s):** |
| **Age:** | **Gender:** Choose an item. | **Work phone:** | | |
| **Department:** | | **E-Mail:** | | |
| **Institution:** | | | | |
| **Affiliated university (if applicable):** | | | | |
| **Institution full address:** | | | | |
| **How did you hear about the ITARSc program?  Word of Mouth  Email**  **Social Media  RSNA.org** | | | | |
| **Date of degree award:** | | | | |
| **Doctoral thesis title:** | | | | |
| **Please provide a brief description of your current research project(s)** | | | | |
| **How many scientific abstracts have you authored or co-authored?** | | |  | |
| **How many full-length research publications have you authored or**  **co-authored?** | | |  | |
| **\*Please attach or insert a complete bibliography of all of your research publications of any type.**  ***--Please do not submit your full CV--*** | | | | |

**Please write a 50- to 100-word statement describing why you would like to be selected for RSNA Introduction to Academic Radiology for Scientists Program.**

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**Submit the completed form as an e-mail attachment to** [**DOR@rsna.org**](mailto:DOR@rsna.org) **no later than July 1, 2022.**

**Receipt of your application will be acknowledged by email within 2 business days.**