

### Eligibility Requirements

- Must be an RSNA member.
- Must be a resident or fellow currently in a radiology training program, or radiologist not more than two years out of training, who is beginning or considering an academic career.
- Nominations must be made by the candidate's department of radiology chairman or training director.
- Fluency in English is required.

### Directions to Department of Radiology Chairman or Training Director

- You may nominate only one candidate each year.
- Write a letter of support (in English) indicating your reasons for selecting the nominee and attesting to the nominee's written and verbal fluency in English. If your nominee is a visiting professor or a fellow temporarily living and working in another country, a letter of support from the nominee's host institution chairman or training director is also required.
- Sign this portion of the form once completed by the nominee.

### Required Application Materials

*Please include only these listed materials. Additional or extra submissions will not be reviewed.*

- Nomination Form (this document). This should be completed by the nominee and signed by the nominee's department of radiology chairman or training director.
- Complete list of your publications (for which you are an author or co-author).
- Copies of your two most recent abstracts (must be submitted in English).
- Letter of support from your department of radiology chairman, or training director.
- If nominee is a visiting professor or a fellow temporarily living and working in another country, a letter of support from the nominee's host institution chairman or training director is also required.

Print name of Department of Radiology Chairman or Training Director	
Chairman's or Training Director's Email Address	
Signature	Mailing Address

PLEASE TYPE OR PRINT. IF COMPLETING THIS ELECTRONICALLY, USE  ADOBE READER, AVAILABLE FREE ONLINE.

**DEADLINE: APRIL 17, 2023**

### Contact Information (To be completed by Nominee; all items must be submitted in English for consideration)

First Name		Middle Name		Last Name		Degree: MD, PhD, other	
Residency Program/Current Institution		Current Position/Title		YEARS		MONTHS	
						Length in Position	
Current Work Address							
City		State or Province		ZIP/Postal Code		Country	
Work Phone		Work Fax		Work Email			
Home Address							
City		State or Province		ZIP/Postal Code		Country	
Home Phone				Home Email			
Birthdate ( MONTH / DAY / YEAR )		<input type="checkbox"/> Male <input type="checkbox"/> Female		Which of the email addresses provided above is preferred? <input type="checkbox"/> Work <input type="checkbox"/> Home			

Where did you attend Medical School?

If you had a mentor who influenced your level of research activity during medical school or residency, please list their name and department below:

Name	Department	<input type="checkbox"/> Medical School	<input type="checkbox"/> Residency
Name	Department	<input type="checkbox"/> Medical School	<input type="checkbox"/> Residency
Name	Department	<input type="checkbox"/> Medical School	<input type="checkbox"/> Residency
Name	Department	<input type="checkbox"/> Medical School	<input type="checkbox"/> Residency

Did you take a radiology research elective or fellowship during your residency? If yes, please describe below:

How many publications have you authored or co-authored? \_\_\_\_\_  
(Number)

**Check one number for each of the following:**

How supportive is your department of research in general?

<i>Very supportive</i>	<i>Neutral</i>	<i>Not supportive</i>			
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How supportive is your department of residents training in research?

<i>Very supportive</i>	<i>Neutral</i>	<i>Not supportive</i>			
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How experienced are you with computers (not including experience with computerized imaging methods)?

<i>Very experienced</i>	<i>Some</i>	<i>Not experienced</i>			
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What kind of career in radiology do you anticipate (academic or private practice)?

<i>Academic</i>	<i>Uncertain</i>	<i>Private Practice</i>			
1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

In the box below, please type a brief statement describing why you would like to be selected for the Introduction to Research for International Young Academics Seminar. (300 words or less)

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

This form is available online at:  
**[RSNA.org/IRIYA](http://RSNA.org/IRIYA)**

This nomination will not be considered complete unless all of the required materials are received by April 17, 2023 in one of the following formats:

- PDF attachments, emailed to: [international@rsna.org](mailto:international@rsna.org)
- Hard copies, mailed to:

**Radiological Society of North America  
Department of International Affairs  
820 Jorie Blvd  
Suite 200, Oak Brook, IL 60523  
USA**