

# INTRODUCTION TO RESEARCH FOR INTERNATIONAL YOUNG ACADEMICS NOMINATION FORM

## Eligibility Requirements

- 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.

## Required Application Materials

- 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.

## 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.

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 15, 2019**

## 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 \_\_\_\_\_ Length in Position YEARS MONTHS

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 ) ☐ Male ☐ Female Which of the email addresses provided above is preferred? ☐ Work ☐ 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 \_\_\_\_\_ ☐ Medical School ☐ Residency

Name \_\_\_\_\_ Department \_\_\_\_\_ ☐ Medical School ☐ Residency

Name \_\_\_\_\_ Department \_\_\_\_\_ ☐ Medical School ☐ Residency

Name \_\_\_\_\_ Department \_\_\_\_\_ ☐ Medical School ☐ 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?

Very supportive				Neutral						Not supportive
1	2	3	4	5	6					

How supportive is your department of residents training in research?

Very supportive				Neutral						Not supportive
1	2	3	4	5	6					

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

Very experienced				Some						Not experienced
1	2	3	4	5	6					

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

Academic				Uncertain						Private Practice
1	2	3	4	5	6					

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 [CIRE@rsna.org](mailto:CIRE@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 15, 2019 in one of the following formats:

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

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