

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: MAY 1, 2021

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 (/ /) Male Female Which of the email addresses provided above is preferred? Work Home
MONTH DAY YEAR

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?



How supportive is your department of residents training in research?



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



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



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

This form is available online at:
RSNA.org/IRIYA

This nomination will not be considered complete unless all of the required materials are received by May 1, 2021 in one of the following formats:

- PDF attachments, emailed to: CIRE@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**