

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

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.

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 ar visiting professor or a fellow temporarily living and working in another country, a letter or | d attesting to the nominee's written and verbal fluency in English. If your nominee is a f 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 | |
| | |

Mailing Address

Signature

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

DEADLINE: APRIL 15, 2022

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

| First Name | Middle Name | Last Name | ast Name | | |
|---|---|---|------------------------------|--------------------|--|
| / | | | | YEARS MONTHS | |
| esidency Program/Current Institution | | Current Position/Title | 2 | Length in Position | |
| urrent Work Address | | | | | |
| ity | State or Province | ZIP/Postal Code | Country | | |
| fork Phone | Work Fax | | Work Email | | |
| ome Address | | | | | |
| ity | State or Province | ZIP/Postal Code | Country | | |
| ome Phone | | | Home Email | | |
| irthdate (//) | 🗆 Male 🛛 Female | Which of the email addresses p | provided above is preferred? | Nork 🗖 Home | |
| here did you attend Medical School? | | | | | |
| you had a mentor who influenced your level of | research activity during medical school | or residency, please list their name an | d department below: | | |
| ame | Department | | Medical School | Residency | |
| ame | Department | | □ Medical School □ F | Residency | |
| ame | Department | | Medical School | Residency | |
| ame | Department | | □ Medical School □ F | Residency | |

(Number)

How many publications have you authored or co-authored?

Check one number for each of the following:

| How supportive is your department of research in general? | Very supportive | Very supportive | | Neutral | | Not supportive |
|--|------------------|-----------------|---------------|---------|---------------------|------------------|
| | | 2 | 3 | 4 | 5 | 6 |
| How supportive is your department of residents training in research? | Very supportive | | Neutral | | | Not supportive |
| | | 2 | 3 | 4 | 5 | 6 |
| How experienced are you with computers (not including experience with computerized imaging methods)? | Very experienced | | Some | | | Not experienced |
| | | 2 | 3 | 4 | 5 | 6 |
| What kind of career in radiology do you anticipate (academic or private practice)? | Academic | | Uncertair | 1 | | Private Practice |
| | | 2 | 3 | 4 | 5 | 6 |
| When you enter practice, what percent of time do you anticipate devoting to: | Posoarch | Teaching | Clinical Work | ۸dr | ninistration/Practi | co Managomoni |

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

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 April 15, 2022 in one of the following formats:

• PDF attachments, emailed to: 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