

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.

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 15, 2022

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) 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

