

UNIVERSITY OF ILLINOIS  
AT CHICAGO

Application for  
Radiology Utilization Management Fellowship Program  
2012 - 2013

**Profile**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Country: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

US Citizen  Permanent Resident  Foreign National

Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

**Education**

**Undergraduate** Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_ Dates of Attendance: From (month/year): \_\_\_\_\_ To: \_\_\_\_\_

**Graduate** or Other Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_ Dates of Attendance: From (month/year): \_\_\_\_\_ To: \_\_\_\_\_

**Medical Education** Institution: \_\_\_\_\_

Degree: \_\_\_\_\_ Dates of Attendance: From (month/year): \_\_\_\_\_ To: \_\_\_\_\_

**Current/Prior Training**

Residency Specialty: \_\_\_\_\_ Institution/Program: \_\_\_\_\_

State/Province: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Program Director: \_\_\_\_\_ Contact number: \_\_\_\_\_

Dates From: Month: \_\_\_\_\_ Year: \_\_\_\_\_

To: Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Examinations**

Exam: \_\_\_\_\_ (ex. USMLE Step 1, NBME Part 1, COMLEX Step 1, etc.)

scores: step 1 \_\_\_\_\_ step 2 \_\_\_\_\_ step 3 \_\_\_\_\_

Status: Passed Failed Awaiting Results Will take Incomplete Month/Year: \_\_\_\_\_

**Medical Licenses:**

**Entry 1:** State: \_\_\_\_\_ License Type: Full Temporary or Limited Inactive

License Number: \_\_\_\_\_ Expiration Month/Year: \_\_\_\_\_

**Entry 2:** State: \_\_\_\_\_ License Type: Full Temporary or Limited Inactive

License Number: \_\_\_\_\_ Expiration Month/Year: \_\_\_\_\_

Has your medical license ever been suspended/revoked/voluntarily terminated? Yes No

Have you ever been named in a malpractice case? Yes No

Is there anything in your past history that would limit your ability to be licensed or to receive hospital privileges? Yes No

Have you ever been convicted of a felony? Yes No

If yes to any of the above questions, provide explanation on separate page.

Are you able to carry out the responsibilities of a fellow in radiology, including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations?

Yes No Limiting Aspects: \_\_\_\_\_

Language Fluency (Other than English): \_\_\_\_\_

**Submit this application, photo (digital if submitted via email), CV, three letters of recommendation and statement of purpose explaining interest in Radiology Utilization Management to the below address or email [radadmin@uic.edu](mailto:radadmin@uic.edu).**

UM Fellowship Coordinator  
1740 W. Taylor St M/C 931  
RM 2511  
Chicago, IL 60612