

Dear Fellowship Candidate:

Thank you for your interest in the 2024-2025 Body MRI Fellowship at Baylor University Medical Center. We have a technologically progressive department, which would offer you a tremendous learning experience.

The application is on the 2^{nd} page for you to complete. In addition to the completed application, we also need the following items:

- 1. A current curriculum vitae
- 2. Medical School transcript (copy OK)
- 3. USMLE scores transcript (copy OK)
- 4. A brief paragraph describing your:
 - a. Reason for interest in MRI
 - b. Training expectations
 - c. Future practice expectations
- 5. Copy of Med School Diploma and Internship Certificate
- 6. Three letters of recommendation from full-time radiology faculty members, including your current program director.
- 7. A recent photograph

For speed in processing your application, you may email me this information. Your program coordinator may help you with the three recommendation letters.

Fellowship Applications will be accepted after July 1st. Interviews are offered after close review of your application.

Please feel free to enclose any additional information that might be pertinent to your application.

I look forward to hearing from you. Thank you once again for your interest in our MRI Fellowship Program.

Gregory DePrisco, MD Program Director

PLEASE DIRECT ALL CORRESPONDENCE TO:

Mia Raymond, Program Administrator Body MRI Fellowship Program Baylor University Medical Center 3500 Gaston Avenue Dallas, TX 75246

Or email @: Mia.Raymond@BSWHealth.med



PERSONAL INFORMATION:

NAME:					
NAME:Last		First		MIDDLE	
Date of Birth://	Sc	OCIAL SECURITY #:	<u>XXX</u> - <u>XX</u> -	- <u>-</u>	
ECFMG CERTIFICATION: VISA ST					
CITIZENSHIP:					
E-Mail:	<u></u> @			-	
HOME:Address/Street	City	State	() Home Telephon	——
ADDRESS/STREET	CITT	STATE	Zir	HOME TELEFHON	VE.
HOSPITAL: NAME OF INSTITUTION		TELEP	PHONE: ()	-	
NAME OF INSTITUTION					
Address/Street	Cri	ĭΥ	STATE	ZIP	
COLLEGE DEGREE: NAME OF SCHOOL: M.D. DEGREE FROM (NAME OF SCHOOL):					
INTERNSHIPSPECIALTY	Institu	TION	I K	TO	-
Residency			Yr:	TO	
SPECIALTY	Instit				_
OTHER EDUCATION			YR:_	TO	
SPECIALTY	Institu	ITION			
USMLE / COMLEX SCORES: STEP I:	Ste	P II:	STEP III:		
PLEASE INCLUDE HONORS, AWARD, & PU	BLICATIONS O	n your Curricul	um Vitae.		
				ATTACH PHO	ТО
SIGNATURE:		DATE:			