

## Application Checklist

- SBI Universal Application
- Personal Statement
- CV
- USMLE Transcript
- Medical School Transcript
- 3 Letters of Recommendation



# Society of Breast Imaging

## Breast Imaging Fellowship Application

Copy and Paste  
Professional Photo Here

Name:

Present Address:

Permanent Address:

Email:

Telephone:

Place of Birth:

Date of Birth:

Citizenship:

Permanent Resident:

Visa Status/Expiration:

**Education/Training/Research** (Please begin in chronological order with baccalaureate education, include internship, residency and any additional applicable training or research. Delete or add rows as necessary.)

	<b>Institution and Location</b>	<b>Dates of Attendance (MM/YYYY-MM/YYYY)</b>	<b>Field of Study</b>	<b>Degree</b>
<b>Premedical Education</b>				
<b>Medical Education</b>				
<b>Internship PGY 1 Training</b>				
<b>Radiology Residency</b>				

**United States Medical Licensing Examination (USMLE):**

(Copies must be sent to individual programs)

Step 1:

Step 2:

Step 3:

**Comprehensive Osteopathic Medical Licensing Examination (COMLEX):**

(Copies must be sent to individual programs)

Level 1:

Level 2-CE:

Level 2-PE:

Level 3:

**Educational Commission for Foreign Medical Graduates (ECFMG) Exam:**

(Copies must be sent to individual programs)

Where taken:

Date:

Certificate Number:

**Medical Licensure:**

State and Expiration Date:

**Letters of Recommendation:**

Please list the names and contact information of the THREE preceptors that will be providing a letter of recommendation. One letter must come from your diagnostic radiology residency program director. These letters must be sent directly to the programs from the letter author.

<b>Name</b>	<b>Title and Institution</b>	<b>Email</b>

Are there any special circumstances that should be considered when reviewing your application?

**Applicant's Certification:**

I certify all the information I have provided is complete and accurate.

Signature:

Date: