



**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_

Ref letters: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Abdominal Imaging Fellowship Training Application**

Training to begin (month, year): \_\_\_\_\_

Full Name: \_\_\_\_\_

Residency Training Program: \_\_\_\_\_

Present address: \_\_\_\_\_

Phone: (mobile) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Citizenship: \_\_\_\_\_

If non US Citizen, Visa Type (J1, H1, etc.) \_\_\_\_\_

Permanent Resident \_\_\_\_\_ Other \_\_\_\_\_

USMLE Exam \_\_\_\_\_ Where \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

**(Copies of USMLE to be included)**

Undergraduate school: \_\_\_\_\_

Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

Medical school: \_\_\_\_\_

Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

Internship: \_\_\_\_\_

**OTHER CLINICAL, HOUSESTAFF, RESEARCH EXPERIENCE, AWARDS & PUBLICATIONS:**  
(Please attach Curriculum Vitae)

Please include (3) letters of recommendation from physicians who are familiar with your capabilities. One letter should be from your Program Director and at least one letter from a radiologist in the area in which you seek further postgraduate training.

**References:**

- 1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information or comments relevant to your application:

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\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Return one completed copy along with your CV, Personal Statement and USMLE Scores to:**

Benjamin Wildman-Tobriner, M.D.  
C/O Jane Dyson  
Duke University Medical Center  
Department of Radiology  
Box 3808  
Durham, NC 27710  
**Telephone:** (919) 684-7218