



STANFORD UNIVERSITY MEDICAL CENTER

DIVISION OF NUCLEAR MEDICINE
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I. Ross McDougall, M.D., Ph.D.
Clinical Attending & Head of Residency Admissions, Nuclear Medicine
Professor of Radiology

Date of Application: _____

APPLICATION FOR RESIDENCY IN NUCLEAR MEDICINE

To Begin: _____
DATE

Name in full: _____

Current Address:
Residence _____
STREET CITY / STATE ZIP

Office or School _____
DEPARTMENTAL ASSOCIATION

Please indicate mailing preference.
 Office
 Home

INSTITUTION (SCHOOL, HOSPITAL, ETC.)

CITY / STATE ZIP

Telephones:
Residence _____
(AREA CODE)

Office or School _____

Fax: _____
(AREA CODE)

E-mail: _____

Citizenship: _____

Social Security Number: _____

If graduate of foreign medical school (i.e. not USA or Canadian), please indicate ECFMG status:

_____ If ECFMG passed
date and certificate no.: _____

VISA Status: _____

Non-Medical Degrees

University	Location / Address (including ZIP)	Degree	Completed

Medical School

University	Location / Address (including ZIP)	Degree	Completed

Postgraduate Work including previous internship, assistant residencies, residencies, or fellowships served (use separate sheet for continuation, if necessary). If you have ever left any course or training position or fellowship for any reason other than the expiration of the usual term, please state the reason.

School / Hospital	Location / Address (including ZIP)	Dates / Comments

Enclose copies of medical diplomas and certificates for any applicable advanced training.

Research in Progress (brief description)

Provide a brief statement of why you seek training in Nuclear Medicine.

Papers Published (use continuation sheet if necessary)

Drug Enforcement Administration certificate? _____

(INCLUDE CERTIFICATION NUMBER AND EXPIRATION DATE)

State in which licensed _____

(INCLUDE DATES AND LICENSE NUMBER AND ENCLOSE A COPY OF LICENSE)

USMLE, National and State Board Examination (give dates and results)

Membership in Scientific and Professional Organizations (indicate offices held, if any)

Stanford University Medical Center is committed to increasing representation of women and members of minority groups in its residency and fellowship training programs and particularly encourages applications from such individuals. If you chose, you may indicate your nationality below, however failure to do this will not prejudice your application in any way.

_____ Black _____ Caucasian _____ Asian _____ Hispanic _____ American Indian

References

Include names, title addresses of three individuals who may be contacted as professional and personal references.

	1	2	3
Name			
Title			
Professional Affiliation (Hospital, Group, etc.)			
No. / Street			
City / State / Zip			
Telephone No. (include Area Code)			
E-mail			

I hereby consent to the duly authorized representatives of Stanford University or Stanford University Medical Center contacting any of my former employers, any of the educational institutions that I have attended, and any other persons or organizations whom it determines might have information relevant to my application for employment here. I further consent to those persons or organizations divulging relevant information to Stanford notwithstanding that it might otherwise be confidential, such as records of disciplinary proceeding. I understand that any information obtained by Stanford in the course of those contacts will be treated in strict confidence.

Any false, misleading or omitted material facts on this form may be cause for reprimand or dismissal.

SIGNATURE

DATE

The completed application form should be returned to:

I. Ross McDougall, M.D., Ph.D.
DIVISION OF NUCLEAR MEDICINE
Head of Residency Admissions
300 Pasteur Drive
Room H-0101, MC: 5281
Stanford, California 94305-5281