x

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER

Application for Pediatric Radiology

General Information

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name: _____ DOB: _____

Gender: M F Marital Status: M   S   W

Contact Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

NPI Number: _____ Last 4 of SS#: _____

Birth Place: _____ Citizenship: _____ Visa Type: _____

Language Fluency (other than English): _____

Education

High School:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Date of Degree (mm/yyyy): _____

Undergraduate:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Date of Degree (mm/yyyy): _____
Years Attended: _____ Special Honors: _____
GPA: _____ Degree Received: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Date of Degree (mm/yyyy): _____
Years Attended: _____ Special Honors: _____
GPA: _____ Degree Received: _____

Medical School: (attach transcripts and copies of diplomas)
Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Date of Degree (mm/yyyy): _____
Years Attended: _____ Medical Education Extended or Interrupted? Yes No
If yes, please explain: _____
Degree Received: _____ Special Honors: _____

Application for Pediatric Radiology

Residency:

Program Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Years Attended: ____ Completion Date: _____

Specialty: _____Program Director: _____

Program Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Years Attended: ____ Completion Date: _____

Specialty: _____Program Director: _____

Program Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Years Attended: ____ Completion Date: _____

Specialty: _____Program Director: _____

Training Extended or Interrupted? Yes No

If yes, please explain: _____

Relevant Work/Volunteer Experience (attach sheets if needed)

Name: _____ Type: VolunteerWork

Address: _____

City: _____ State: _____ Zip: _____ Position: _____

Years: ____ Description: _____

_____

Name: _____ Type: VolunteerWork

Address: _____

City: _____ State: _____ Zip: _____ Position: _____

Years: ____ Description: _____

_____

Name: _____ Type: VolunteerWork

Address: _____

City: _____ State: _____ Zip: _____ Position: _____

Years: ____ Description: _____

_____

Name: _____ Type: VolunteerWork

Address: _____

City: _____ State: _____ Zip: _____ Position: _____

Years: ____ Description: _____

_____

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER

Application for Pediatric Radiology

Licensure

Are you board certified?   Yes No

States you are licensed in: _____ Expiration Date: _____
Has license ever been revoked?   Yes   No
If yes, please explain: _____

State you are licensed: _____ Expiration Date: _____
Has license ever been revoked?   Yes   No
If yes, please explain: _____

Are there any restrictions to your eligibility for licensure in TN?   Yes No
If yes, please explain: _____

DEA Reg. #: _____

Ever Named in a Malpractice Suit?   Yes No
If yes, please explain: _____

Medical Certifications:

Name: _____
Date Received (mm/yyyy): _____ Date Expires (mm/yyyy): _____

Name: _____
Date Received (mm/yyyy): _____ Date Expires (mm/yyyy): _____

Name: _____
Date Received (mm/yyyy): _____ Date Expires (mm/yyyy): _____

Name: _____
Date Received (mm/yyyy): _____Date Expires (mm/yyyy): _____

Examinations: (attach scores/ certification)
USMLE ID Number: _____
USMLE Step 1   Score: _____ Date taken (mm/yyyy): _____
USMLE Step 2 CS   Score: _____ Date taken (mm/yyyy): _____
USMLE Step 2 CK   Score: _____ Date taken (mm/yyyy): _____
USMLE Step 3   Score: _____ Date taken (mm/yyyy): _____
ECFMG Certification   Number: _____   Date Issued (mm/yyyy): _____

Felony Conviction?   Yes No
If yes, please explain: _____

Military Service Obligation/ Deferment? Yes No

If yes, please explain: _____

Past Teaching Experience (attach sheets if needed):

_____

_____

Membership and Honorary/ Professional Societies:

_____

Other Awards:

 _____

_____

Hobbies and Interests:

_____

_____