



AHMANSON BIOLOGICAL IMAGING CENTER
 UCLA SCHOOL OF MEDICINE
 NUCLEAR MEDICINE DIVISION
 LOS ANGELES, CA 90095-6942

APPLICATION FOR NUCLEAR MEDICINE RESIDENCY

I am applying for admission as a resident in Nuclear Medicine for the period:			to		
I. PERSONAL INFORMATION					
Name:		Last	First	Middle	
<input type="checkbox"/> MD	<input type="checkbox"/> PhD	<input type="checkbox"/> DO	<input type="checkbox"/> Other	US Social Security #:	Age:
Date of Birth:		Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Birthplace:		Country of Citizenship:			
If you are not a citizen of the United States, please specify your VISA status:					
Visa Type:		Sponsor:		Expiration Date:	
Current Mailing Address:					
Permanent Address:					
II. EDUCATION					
UNDERGRADUATE EDUCATION					
Institution	Location	Dates	Major	Degree	
Honors & Awards:					
GRADUATE, PROFESSIONAL, MEDICAL EDUCATION					
Institution	Location	Dates	Major	Degree	
Honors & Awards:					

III. CLINICAL TRAINING**INTERNSHIP**

Hospital	City	State	Specialty	Dates of Training

ALL SUBSEQUENT RESIDENCIES/FELLOWSHIPS/PRACTICES

Hospital	City	State	Specialty	Dates of Training

IV. BOARD CERTIFICATION

USMLE/National Board Scores:	Step 1:	Step 2:	Step 3:
	Date:	Date:	Date:

V. MEDICAL LICENSURE

State:	Date Licensed:	Expiration Date:
State:	Date Licensed:	Expiration Date:
State:	Date Licensed:	Expiration Date:

VI. RESEARCH EXPERIENCE

Field(s) of Research:	
Publications:	

VII. ADDITIONAL INFORMATION

Extracurricular Activities or Interests:					
Military Experience:	<input type="checkbox"/> Yes (If yes, please complete the following questions) <input type="checkbox"/> No				
	<table border="1"> <tr> <td>Branch of Service:</td> <td>Highest Rank:</td> </tr> <tr> <td>Entry Date:</td> <td>Discharge Date & Type:</td> </tr> </table>	Branch of Service:	Highest Rank:	Entry Date:	Discharge Date & Type:
Branch of Service:	Highest Rank:				
Entry Date:	Discharge Date & Type:				

VIII. REFERENCES

Please name three references who have supervised your prior clinical training.

Name:	Title:	Organization:
Address:	Phone #:	
Name:	Title:	Organization:
Address:	Phone #:	
Name:	Title:	Organization:
Address:	Phone #:	

By entering my name and the current date below, I am signifying that all information indicated above is accurate and current, and I hereby acknowledge that any false, misleading or omitted facts on this application may be cause for reprimand or dismissal. I also understand that a California medical license is required in order to begin residency.

Name _____

Date _____

The following application materials are required for a complete application file:

- Completed application form
- Official copy of medical school transcripts
- Copies of all Boards or USMLE certificates
- Three letters of recommendation
- Curriculum Vitae
- Statement of intent stating your interests in Nuclear Medicine and the UCLA program
- For non-US applicants: copy of ECFMG certificate, and visa status (J1 Visa required)

E-mail and/or send all application materials to:

Pawan Gupta, MD
Program Director
David Geffen School of Medicine-UCLA
200 MP, Suite B114, MC 957370
Los Angeles, CA 90095-7370
PawanGupta@mednet.ucla.edu

Soosan Seyedroodbari
Program Coordinator
sroodbari@mednet.ucla.edu

For further information, contact Soosan Seyedroodbari at (310) 794-1596.