

Wake Forest Baptist Health  
WFUSM

Department of Radiology  
Medical Center Boulevard  
Winston-Salem, North Carolina 27157-1088

**ATTACH RECENT**

**PHOTO HERE**

Application for Fellowship in:

Abdominal Imaging  
Nuclear Medicine  
Interventional Radiology

Musculoskeletal Imaging  
Breast Imaging

Neuroradiology  
Cardiothoracic Imaging  
Pediatric Radiology

Proposed Beginning Date of Training:

Full Name:

Present Address:

Street

City/State

Zip

Telephone:

Daytime

Evening

Email

Social Security #

Citizenship:

Place of Birth:

Date of Birth:

Government Obligations (Public Health Services, etc.)

Premedical Education (List Colleges, Degrees and Dates)

Medical School and Dates:

Achievements (Awards, Honorary Societies, etc):

Post Doctoral Experience (Internship, Residency, Fellowship, Private Practice and Dates):

Publications:

Professional plans after fellowship program:

Teaching	Private Practice	Generalist	Research	Specialist
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States in which you have a full active medical license:

*If you answer yes to any of the following questions, give full details on separate sheet.*

Yes	No
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1. Has your license to practice medicine in any jurisdiction every been limited, suspended or revoked?
2. Have you ever been refused membership in a hospital medical staff?
3. Has your request for any specific clinical privileges every been denied or granted with stated limitations?
4. Have your privileges at any institution every been limited, restricted, or revoked?
5. Has your narcotics registration every been suspended or revoked?
6. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any medical organization?
7. Have you been diagnosed with or do you have a medical condition which limits or impairs your ability to practice medicine?
8. Have you engaged in the use of any chemical substance(s) which in any way interfered with your abilities to practice medicine?

Name, Address and Telephone number of Radiology Residency Program Director:

In support of this application, please submit:

- Letter of recommendation from the Director of your Residency Program
- Two additional letters of recommendation

The information contained herein is true to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Enclosures: Curriculum Vitae  
Personal Statement

Completed applications should be mailed to the appropriate fellowship director at the address listed below:

Wake Forest School of Medicine  
Department of Radiology  
Medical Center Boulevard  
Winston-Salem, North Carolina 27157-1088

Abdominal Imaging: Melanie Caserta, M.D.  
Musculoskeletal Radiology: Leon Lenchik, M.D.  
Neuroradiology: Michael Zapadka, M.D.  
Nuclear Medicine: Paige B. Clark, M.D.  
Pediatric Radiology: Evelyn Anthony, M.D.  
Thoracic Imaging: Kerry Link, M.D.  
Vascular and Interventional Radiology: Brian Kouri, M.D.  
Breast Imaging: Nadja Lesko, M.D.

Fellowship Application Form Revised: June 26, 2013

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